# KOLAR Document ID: 1798658

**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

#### WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed?	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	· · · · · · · · · · · · · · · · · · ·

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out	

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:	Name:
Address 1:	Address 2:
City:	State: Zip: +
Phone: ( )	
Name of Party Responsible for Plugging Fees:	
State of County,	, \$\$.
(Print Name)	Employee of Operator or Operator on above-described well,

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

### Submitted Electronically



FIELD ORDER

Nº C \_\_\_\_\_ 61120

BOX 438	-	HAYSVILLE, KANSAS 67060
		316 524 1225

			316-524-1225		
				DATE	4-Sep 20 24
IS AUTHORIZ	ED BY <u>BE</u>	AR PETROLEUM	······		
Address			(NAME OF CUSTOMER		
			City	State	KS
TO TREAT WI		NOVER C-1	Weli No	Customer Order No.	
Sec. Twp. Range <u>23-31-</u>	-34W		County SEWARD	State	
mpiled and no repres treatment is payable our invoicing departm The undersu THIS ORDER MUS	seriations have been There will be no disci- ent in accordance wit signed represents h ST BE SIGNED	i rehed on las to what may be the results or e	to service or treat at owners risk, the herembelore me ent. Copeland Acid Service has made no representa effect of the servicing or treating said well. The consist effect of the servicing or treating said well. The consist effect of the servicing of treating said well. The consist effect of the servicing or treating said well. The consist effect of the servicing or treating said well. The consist effect of the servicing of the service has been been been effect of the servicing of the service has been been been been been the service of the service has been been been been been been been bee	entioned well and is not to ition expressed or	
BEFORE WORK IS	SCOMMENCED		Owner or Operator	Ву	
CODE	QUANTITY	vve.			Agent
			DESCRIPTION	COST	AMOUNT
20.0002	40	Mileage P.T.		\$6.00	\$240.00
20.0003	1	Pump Charge Plug		\$700.00	\$700.00
20.1002	130	60/40 Poz 2% Gel		\$14.00	\$1,820.00
20.1004	3	Add. Gel after 2% Per Sad	ck	\$25.25	\$75.75
20.1005	10	Gel on side per sack		\$25.25	\$252.50
					\$252.50
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20.0011	143	Bulk Charge		\$1.25	\$178.75
20.0012	127.4	Bulk Truck Miles		MIN	\$170.75

Process License Fee on Gallons TOTAL BILLING I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike \$3,417.00 manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative GREG C.

Station GB

DICK S

Remarks

Well Owner. Operator or Agent

MIN

\$150.00

NET 30 DAYS



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# TREATMENT REPORT

									o	
Date	9/4/2024	Destruct C-P			Type Treatment Ar			Sand Size	Po	unds of Sand
	y		F.O.	NO. <u>L-01120</u>	Bkdown					
	" ne & No		<u> </u>	<u> </u>		Bbl./Gal.	••••••••••••••••••••••••••••••••••••••	·		
Location			Field			Bbl./Gal				
County			State KS		┫	Bbl./Gal				
					Flush	Bbl./Gal.				
Casing	Size	Turne & Mate			Treated from				No. ft	0
Formation	n.		Perf	Set atft.			ft. to		No. ft	
ormation					from		ft. to	ft.	No. ft.	0
			Perf.		Actual Volume of Oil / Wa	iter to Load H	ole.			Bbl /Gal
ormation			Perf.	to						
aner. 34	reiype a	s wt	Top atft	Bottom atft	Pump Trucks. No. Use	d: Std.	365 Sp.	_	Twin	
	Size & W1	· · · · · · · · · · · · · · · · · · ·		n. 10ft	Auxiliary Equipment			317		
•••••	Perforated f				Personnel GREG ROSS	<u>-</u>	<u> </u>			
			<sup>ft</sup> to		Auxiliary Tools					
)pen Hole	• S. / m				Plugging or Sealing Materi	als: Type		60/40 PO	Z 4%	
		T.D	ft P	2.8. toft				Gals.		lb
	•									
_	Representative		DICK :	<u>.</u>	Treater		GRE	5 C.		
TIME		SURES	Total Fluid Pumped							
.m./p.m.	Tubing	Casing				REMAR	KS			
:30				ON LOCATION						
			<u> </u>							
				PUMP 10 GEL &	50 SKS @ 1740'					
				PUMP 50 SKS @	550'		··			
				CID CLU LET ALL						
				CIRCULATE CEME	ENT FROM 60', 1		SKS	- <u> </u>		
				CIRCULATE CEMI	ENT FROM 60', 1	TOOK 30	) SKS	- <u></u>		
				HOLE STAYED FU		TOOK 30	SKS			
						TOOK 30	) SKS	·		
:00				HOLE STAYED FU			) SKS	·		
2:00							) SKS	· · · · · · · · · · · · · · · · · · ·		
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