### KOLAR Document ID: 1803026

**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:  Lease Name: Well #: Date Well Completed:
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.           Depth to Top:         Bottom:         T.D.           Depth to Top:         Bottom:         T.D.           Depth to Top:         Bottom:         T.D.	Plugging Commenced:

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,	, ss.
(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

Invoice



POST OFFICE BOX 438 HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

# Acid & Cement

(620) 463-5161 FAX (620) 463-2104

BURRTON, KS . GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C48480-IN

Page: 1

LEASE: MILLER 1-12

BILL TO: DARRAH OIL COMPANY LLC PO BOX 2786 WICHITA, KS 67202-2786

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE C	RDER	SPECIAL INSTRUCTIONS		
10/23/2024	48480		10/18/2024	1/2024 MILLER 1-12 N		VET 30		
QUANTITY	U/M ITEM NO./DESCRIPTION		and the second second	D/C	PRICE	EXTENSION		
98.00	м	MILEAGE CEME	ENT PUMP TRUCK		0.00	6.00	588.00	
1.00	EA	PUMP CHARGE	FOR PLUG JOB		0.00	700.00	700.00	
160.00	sĸ	60/40 POZ MIX :	2% GEL		0.00	14.50	2,320.00	
10.00	sк	2% ADDITIONAL	LGEL		0.00	25.25	252.50	
160.00	EA	BULK CHARGE			0.00	1.25	200.00	
0.00	м	BULK TRUCK -	TON MILES		0.00	1.10	0.00	
REMIT TO: P.O. BOX HAYSVIL	438 LE, KS 67060	D1000000000000000000000000000000000000	COB EE IS NOT TAXABLE AND AND OR DELIVERY CH		EDWCC	Net Invoice: Sales Tax: Invoice Total:	4,060.50 304.54 <b>4,365.0</b> 4	
RECEIVED BY		NET 30 DAYS						

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



## FIELD ORDER Nº C 48480

### BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225

	010 02 1 120	DATE 1018	20 24	
IS AUTHORIZED BY:	(NAME OF CUSTOMER)			
Address	City	State		
To Treat Well As Follows: Lease MILLER	Well No. 1-12	Customer Order No	0	
Sec. Twp. Range 12-255 16w	CountyEDWA	EDS COUNTY State	ks	

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

Bu

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED

CODE	QUANTITY	DESCRIPTION	UNIT	AMOUNT	
	1	Pump CHARGE FOR HUG JOB	700.00	700.00	
	160	SACUS 40/40 POZ 470 GEL	14.50	2320.00	
	ø	SACKE GEL	25.25		
	98	MILEAGE FUEL CHARGE PUMP TRuck	4.00	588.°°	
_	16Dst	Bulk Charge @ 1.75		200.00	
14.96	49 MRES			379.46	
		Process License Fee onGallons			
		TOTAL BILLING			

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative WIGH DEIZICK	
opeland Representative ALU DEIZICK	
tation BuzizTon, US	
	Well Owner, Operator or Agent
emarks PWAJOB W/ 100 54 60/40 2243 GEZ NET 3	+ 105x ADDITIONALGEL
NET 3	0 DAYS



## TREATMENT REPORT

Acid Stage No.

				17	Type Treatment: Amt.	Type Fl	uid Sand Size	Pounds of Saud
Date 19/1	8/2024 DI	strict	<b>.</b>	). No	BkdownBbl. /C	jal		
						Jal		
Well Name &	No MILLER	: 1-12			Bbl. /0	Jal	**********	
Location			Field.			Jal		
County Eby	ARDS CON	YTH	since hs		Flush	Jal		
					Treated from	ft. to		ft
Casing: Size		Type & Wt		Set at	from	ft. to	ft. No.	ft
Formation:				to	from		ft. No.	n
Formation				to	Actual Volume of Oll/Water I	o Lond Hule:	26-2	( Bbi Mint
Formation			Perf	to				
Liner: Sise	Type & W	t		Bottom stft.	Pump Trucks. No. Used: 81d.	# 323 8	PT	win
Cem	ented: Yes /No.	Perforated fr	rem		Auxiliary Equipment Buck	lement Tru	cu=360 + 72	AILER \$308
Tubing: Size 4	WL 23/8	<u>}</u>	Swung at		Packer:			tı.
Per	forated from		fi. to		Auxiliary Tools			7 1
					l'lugging or Sealing Materials			
Own Hole Six	F	. T.D.	ft. P.	B. toft.	SX. ADDITIONA	LGEL	Gale.	.lb.
					A ACIL	1 x 1.		
Company I	Representativ	e			Treater_Aft	DERRICH	-	
TIME		SURES	Total Fluid Pumped		REM	ARKS		
a.m /p.m.	Tubing	Casing	Fumped					
11:37			_	ADL, JSA, FIG L	IP + TIE ONTO TUR	WG @1050	<b>)</b> '	
1:23	150#		363HBBL		FOLLOWED BY 50 >			EL SURRY
:				CAUGHT @ Z BBL	+ BROKE CIRCULATIC	NG 262	BISL	
:				FIRST 2 BBL 2'				
:				NEXT 16 2 BB2	2 BPM @ 150#			
:				LAST 189 BEL	3 BPM & JOK			
:				151P-VAC, Aug	TUBING TO 300'+	THE ONTO IT	-	
1:59	50#		1234 032	START 50 4 PL	un cotto poz 4	7. GEL SUL	RKY	
:				3BPM@ 50#				
:				ISIP-VAC, PALL 7	TUBING TO GO' +	TIE ONTO 1	r	
2:20	50#		142 BBL		POZ 473 GEL SLU	REY UNTIL	GOOD LENE	NT @ SUKFACE
:				3 BPMC SOX				
:				ISIP-D				
2:54			-	TEAR DOWN, WA	SH 4P, L-L. STAND	ING FULL 4	HEN LEAVING	5
_:								
			-		16 out @ Z:	MA PE		
				-	1 OFT AZ:	scpri		
:				Dit	150010			
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:								
					110)			
				1	115			
				1	N			
					1			
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