KOLAR Document ID: 1809870

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 De	scription:				
Address 1:				Sec Twp S. R East W					
Address 2: State: Zip: +				Feet from North / South Line of					
				Feet from East / West Line of Section					
Contact Person:				Footage	s Calculated from Neares	st Outside Section Corner:			
Phone: ()					NE NW	SE SW			
Type of Well: (Check one)		OG D&A Cathodi		,					
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)			
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)			
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:				
Depth to	Top: Botto	m: T.D		Plugging Commenced: Plugging Completed:					
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & P			oduction)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If			
Plugging Contractor License #	:		Name:						
Address 1:			Address 2:	:					
City:			5	State:		Zip:+			
Phone: ()									
Name of Party Responsible for	r Plugging Fees:								
State of	County, _			, ss.					
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed			
	(Print Name)			E	imployee 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.



Acid & Cement

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

Invoice

LEASE: HEJNY #2

Page: 1

(620) 463-5161

BURRTON, KS . GREAT BEND, KS (620) 793-3366 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER: C61160-IN

BILL TO:

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

DATE	E ORDER SALESMAN ORDER DATE PURCHASE ORDER		ORDER	SPECIAL INSTRUCTIONS				
11/20/2024 61160 11/12/2024 HEJNY #2			NE	ET 30				
QUANTITY	U/M	ITEM NO./D	ESCRIPTION		D/C	PRICE	EXTENSION	
40.00	МІ	MILEAGE CEMENT PUMP TRUCK			0.00	6.00	240.00	
1.00	EA	PUMP CHARGE PLUG			0.00	700.00	700.00	
385.00	sĸ	60/40 POZ MIX 2	60/40 POZ MIX 2% GEL			15.55	5,986.7	
7.00	sĸ	2% ADDITIONAL	2% ADDITIONAL GEL			25.25	176.7	
400.00	LB	COTTONSEED	HULLS		0.00	0.65	260.0	
396.00	EA	BULK CHARGE			0.00	1.25	495.	
349.80	MI	BULK TRUCK - 1	TON MILES		0.00	1.10	384.7	
EMIT TO:			COP			Net Invoice:	8,243.28	
P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		ВАТСО	Sales Tax:	618.25 8,861.5		
		NET 30 DAYS			1 '	Invoice Total:		



ORDER

Nº C

61160

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

		DATE		12-Nov 20	24
IS AUTHORIZED BY:	DARRAH OIL				
		(NAME OF CUSTOMER)			
Address		City	State	KS	
TO TREAT WELL					
AS FOLLOWS: Lease	HEJNY	Well No. 2 Customer O	rder No.		
Sec. Twp.					
Range		County BARTON	State	KS	
Job Safety Analysis X Hard Hat H2S Monitor X Safety Shoes FR Clothing Hearing Protection	-Hazards & Safety Procedures X Gloves X Eye Protection Respiratory Protection Chemical/Acid PPE Fire Extinsuisher	zard			

CODE	QUANTITY	DESCRIPTION		COST	AMOUNT
20.0002	40	Mileage P.T.		\$6.00	\$240.00
20.0003	1	Pump Charge Plug	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$700.00	\$700.00
20.1002	385	60/40 Poz 2% Gel	The second second	\$15.55	\$5,986.75
20.1004	7	Add. Gel after 2% Per Sack	27,200 8,018	\$25.25	\$176.75
20.1017	400	Hulls per lb.		\$0.65	\$260.00
	396 349.8	9		\$1.25	\$495.00
100 See 1	was the said	Process License Fee on	Gallons	\$1.10	\$384.78
			TOTAL BILLING		\$8,243.28

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	d Representative	GREG CURTIS	
Station	GB		MIKE KELSO
Remarks	8		Well Owner, Operator or Agent
		NET 30	DAYS

CONDITIONS As a part of the consideration hereof it is agreed that Copeland Acid 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 once schedules.



TREATMENT REPORT

Acid Stage No.

n 11/12/2024 n 65			Type Treatment A				e Po	unds of Sand
Date 11/12/2024 District GE	F.O.	No. C-61160	Bkdown					
Company DARRAH OIL Well Name & No. HEJNY #2			-					
Location	Field		-					
County BARTON	The state of the s			BDI./Gal				
County DARTON	State K5					200	7/45 AS	
		9400000	Treated from				No.ft.	
Casing Size 5 1/2 Type				_		ft.	No.ft.	
Formation:	Perf		from		ft. 10	ft.	No.ft.	0
Formation:	-		Actual Volume of Oil / W	Vater to Load I	fole:		F. T.	8bl./Gal.
Formation:				1000	a sanda sala		Shallis	Park Sala
liner: SireType & Wt			Pump Trucks. No. U		365 Sp.		Twin	A CHEST
Cemented: Yes ▼ Perfor			Auxiliary Equipment			360		
Tubing: Size & Wt.	- Control of the Cont		Personnel GREG ROS					
Perforated from	ft. tc	ft.	Auxiliary Tools					
			Plugging or Sealing Mate	erials: Type	No. 116			
Open Hole Size T.	Dft. P	.B. toft.				Gal	5.	lb.
Company Representative TIME PRESSURES	MIKE KE	LSO	Treater		GRE	G CURTIS	202	
a.m./p.m. Tubing Casir	Total Fluid Pumped							
2:00		ON LOCATION						
2.00		ONLOCATION						
		PUMP 125 SKS WITH 200# HULLS @ 1675'						
					,,,			
		PUMP 50 SKS W	TH 200# HULL	S @ 100	0'			
		CIRCULATE CEM	ENT FROM 350), TOOK	210 SKS			
				1,				
		HOLE STAYED FL	JLL					
6:45		JOB COMPLETE	ing to Market			Marini	e Lyde	
		THANK YOU!!!		- 1 1 1	TWENT TO			
							_	