

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 #: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic☐ Water Supply Well ☐ Other: _____ ☐ SWD Permit #: _____☐ ENHR Permit #: _____ ☐ Gas Storage Permit #: _____Is ACO-1 filed? ☐ Yes ☐ No If not, is well log attached? ☐ Yes ☐ No

Producing Formation(s): List All (If needed attach another sheet)

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____

Spot Description: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West_____ Feet from ☐ North / ☐ South Line of Section_____ Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

County: _____

Lease Name: _____ Well #: _____

Date Well Completed: _____

The plugging proposal was approved on: _____ (Date)

by: _____ (KCC District Agent's Name)

Plugging Commenced: _____

Plugging Completed: _____

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



Ellinwood, KS
620-727-3409

TO: VICTORY MINERALS LLC
ATTN: CARMON BONANNO

INV#12312024

DECEMBER 31 2024
LEASE IDA KOEHN 1

DECEMBER 31 2024
RIG TIME 3 HOURS @ \$270.00 = \$810.00
RIGGED UP PUMP STUCK WORKED FREE PULLED RODS

JANUARY 02 2025
RIG TIME 7.5 HOURS @ \$270.00 = \$2055.00
BACKHOE SERVICES 3 HOURS @ \$100.00 = \$300.00
PULLED ON TUBING STUCK ON BOTTOM WORKED FREE PULLED 19 BAD JOINTS
200 FOOT OF MUD ON TUBING SANDED BOTTOM LOADED HOLE DUG CELLAR
AND PIT CHANGED RISER OUT SWEDGED WELL IN

JANUARY 03 2025
RIG TIME 9 HOURS @ \$270.00 = \$2430.00
TUBING RENTAL 1" \$.50 A FOOT = \$125.00
CHECKED HOLE SAND @ 2898 BAILED 5 SKS PERFORATED 250 COULDN'T
PUMP DOWN BACKSIDE 5 SKS CEMENT RAN 1 FOOT TO 254 FOOT PUMPED
60 SKS PULLED OUT FILLED WITH 5 SKS TORE DOWN LOADED OUT CAPPED
LEAD LINE

JANUARY 04 2025
CEMENT 12 SKS @ \$10.00 = \$120.00
WELDING/TORCH SERVICES 3 HOURS @ \$81.00 = \$243.00
BACKHOE SERVICES 3 HOURS @ \$100.00 = \$300.00
CUT WELL OFF CAPPED WITH 12 SKS CEMENT FILLED CELLAR AND PIT AND
LEVELED LOCATION

Account: *UMA*
Check No.: *4600*
Date: *1/15/25*
\$ *3,600.77*

Account: *UMA*
Check No.: *4600*
Date: *1/15/25*
\$ *3,600.77*

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	SUB TOTAL	\$ 6353.00
MINUS TUBING AND RODS		\$3000.00
NON TAXABLE		\$600.00
MCPHERSON COUNTY TAX 9 %		\$247.77
TOTAL		\$3600.77

PAYABLE TO TAR LLC
190 US HWY 56
Ellinwood KS 67526
620-727-3409 RICHARD

Account:
Check No.:
Date:
\$ 3600.77

Acid & Cement

BURRTON, KS GREAT BEND, KS
(620) 463-5161 (620) 793-3366
FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C61183-IN

BILL TO:
VICTORY MINERALS
C/O CARMON BONANNA
PO BOX 414830
KANSAS CITY, MO 64141

LEASE: IDA KOEHN #1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
01/21/2025	61183		01/03/2024	IDA KOEHN #1	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
80.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	6.00	480.00
1.00	EA	PUMP CHARGE PLUG		0.00	700.00	700.00
70.00	SK	COMMON CEMENT		0.00	18.25	1,277.50
1.00	EA	BULK CHARGE - MIN CHARGE		0.00	150.00	150.00
1.00	MI	BULK TRUCK - TON MILES-MIN CHG		0.00	150.00	150.00
REMIT TO:		COP		Net Invoice:		2,757.50
P.O. BOX 438		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		MCPCO Sales Tax:		220.60
HAYSVILLE, KS 67060				Invoice Total:		2,978.10
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.



N^o C 61183

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

DATE 3-Jan 20 25

IS AUTHORIZED BY: VICTORY MINERALS
(NAME OF CUSTOMER)

Address _____ City _____ State KS

TO TREAT WELL

AS FOLLOWS: Lease IDA KOEHN Well No. 1 Customer Order No. _____

Sec. Twp.

Range	36-19-2W	County	MCPHERSON	State	KS
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Job Safety Analysis-Hazards & Safety Procedures

X	Hard Hat
	H2S Monitor
X	Safety Shoes
	FR Clothing
	Hearing Protection

X	Gloves
X	Eye Protection
	Respiratory Protection
	Chemical/Acid PPE
	Fire Extinguisher

	Permits
X	Trip Hazard
	Fall Protection

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	80	Mileage P.T.	\$6.00	\$480.00
20.0003	1	Pump Charge Plug	\$700.00	\$700.00
20.1001	70	Common Cement Sack	\$18.25	\$1,277.50
	70	Bulk Charge	MIN	\$150.00
	131.6	Bulk Truck Miles	MIN	\$150.00
		Process License Fee on Gallons		
		TOTAL BILLING		\$2,757.50

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 GREG CURTIS

Station GB

RICHARD M.
Well Owner, Operator or Agent

Remarks	
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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 price schedules.

TREATMENT REPORT