KOLAR Document ID: 1841538

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? Yes No If not, is well log attached? Yes No	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,	, 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



TREATMENT REPORT

	w Come							Acid Stage No		
Date Compan	4/25/2025 v NOVY	District GB	F.C	No 70987	Type Treatment: Amt Bkdown	Bbl./Gai		Sand Size	Pounds of Si	and
Well Nan	No ASU 2-	3 KSC	u			BD1/Gal				
Location			Field			Bbl /Gal.				
County	RENO		State KS			Bbi./Gal.				
					Flush	Bb1./Gal				
Casing	Size 51/	7 TUDE & WI			Treated from	ħ	to	fi N	ion O	
Formatio				Set atht	from		to		lo.tt O	
				10	from	ft.	to		10. ft. 0	
Formatio			Perl.	to	Actual Volume of Oit / Water	to Load Hole:				16
Formation	u.		Perf	1.0			and the second se		Bbl.,	/Gal.
Linei S	ize Type I	2 Wt	Top at ft	Bottom at ft	Pump Trucks No Used:	Std 20	E .			
					Auxiliary Equipment	310. 31	Zp		Iwin	
Tubing	Size & Wt	2 3/8	Swung at		Personnel TIM GREG ROS	55				
	Perforated f	1007	ft 10		Auxiliary Tools				·	
Open Hole	Size	7.D	ft	P.B to h.	Plugging or Sealing Materials:	Туре				
				h.8 10h.				Gals	lb	
Company	Representative									
TIME		SURES	KUR		Treater		TIM DE	TTER		
a.m./p.m.	Tubing		Total Fluid Pumped							
	ruong	Casing								
				MIX 50 SKS AT 1	400' WAIT 1 HR TO	O TAG				
				TAG AT 1200'						
				MIX 50 SKS AT 9	00'					
				THE SO SKS AT S						
				TRY TO CIRCUMAT						
				TRY TO CIRCULAT	TE CEMENT AT 30	0'				
									·····	
				MIX 200 SKS DID	NOT CIRCULATE					
				TOTAL SKS 150 SI	KS COMMON 150	SKS CON	ANACONINA	1 20/ CALC		
							INVIOLA AN	3% CALC	UM	
				LET SIT OVER WE	EKEND AND TRY T	O CIDCU	ATE			
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BURAELIUUD	FIELD ORDER Nº C70987
Acid & Cement Box 438	HAYSVILLE, KANSAS 67060 316-524-1225
IS AUTHORIZED BY: NOVY	DATE25-Apr 2025
Address	(NAME OF COSTOMER)
TO TREAT WELL	CityState KS
AS FOLLOWS Lease ASU KSU	Well No #2-3 Customer Order No
Range	County RENO State KS
X Safely Shoes	Permits rip Hazard all Protection

CODE	QUANTITY	DESCRIPTION	UNIT	AMOUNT
30.0002	48	Mileage Pump Truck	COST	AMOUNT
20.0003	1	Pump Charge Plug	\$6.00	\$288.0
20.1001	150	Common Cement Sack	\$700.00	\$700.0
20.1001	150	Common Cement Sack	\$18.25	\$2,737.50
20.1012		Coloium Oblacida	\$18.25	\$2,737.50
		Calcium Chloride per 50 lb.	\$42.00	\$210.00
			+	
			+	
			+	
			++	
			<u>├───</u>	
			+	
			1	
20.0011	305	Pulli OL		
20.0012	686	Bulk Charge	\$1.25	\$381.25
		Bulk Truck Miles	\$1.10	\$754.60
		Process License Fee on Gallons		4104.00
		TOTAL BULINIC		

I certify that the above material has been accepted and used, that the above service was performed in a good and workmanlike \$7,808.85 manner under the direction, supervision and control of the owner operator or his agent, whose signature appears below.

Copeland Representative TIM DETTER

Station GB

CODE

Remarks

KURT

Well Owner, Operator or Agent

NET 30 DAYS

CONDITIONS. As a part of the consideration nereof 4 is agreed that Copeiand Acid is to service or treat at owners risk, the hereinbefore mentioned well and is not to

Fire Extinsuisher

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 of treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date it? Interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules



FIELD ORDER Nº C 48588

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

		DATE 4/30	2025
IS AUTHORIZED BY:	NON OIL + CAS (NAME OF CUSTOMER)		
	(NAME OF CUSTOMER)		The second s
Address	City	State	
To Treat Well As Foliows: Lease <u>よう</u> ц	Well No. 2-3	Customer Order No	
Sec. Twp. Range 3-235 - 10m)	County ZENO CO	State	42

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.

By

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

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED.

CODE	QUANTITY	DESC	RIPTION		AMOUNT
	1	PUMP CHARGE FOR PUG JOB		700.00	700.00
	25	SACKES COMMON CEMENIT		18,00	450.00
	50	MULLAGE FUEL CHARGE PUMP-	Teucle.	6.00	300.00
· • · • • · · · · ·				-	
	1		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			·····		
	255%	Bulk Charge @ 1.25	14775 40		1000
	50 Miles	21.0	150. MINI LHARGE		150.00
	-D WILLS		150.00 MIN CHARGE		150.00
		F106635 License r 68 011			
Leastitu		Process License Fee on	Gallons TOTAL BILLING		

sed; that the above service was performed in a good and workmanlike manner under the direction, suppryision and control of the owner, operator or his agent, whose signature appears below.

15117

Copeland Representative

Station_ KURKTON

Remarks FINISH PLUG JGB 2551 EA NET 30 DAYS Well Owner, Operator or Agent

BUPELIND Acid & Cement

TREATMENT REPORT

Acid Stage No.

				- I	Type Treatment:	Amt.	Type Fluid	Band Sim	Pounds of Maud
Unit 4/30	leves Di	strict		a august an an and the state of	Bkdown				
						Bbi. /Gai.			
Well Name &	No. KSCI 2-	3			·····	Bbi. /Gai.			
County RE	No COUNT	(since MS						
	1								
				Net atft.	from		ft. to		£t
Formation			Perf		trom		ft. tu	ft. No.	ft
Formation					Artual Volume of	Oil /Water to L	oad Hole:	414	Bbl. /Cal.
				Bottom stft.			323 sp.		
Cen	nented: Yes /No.	Perforated fi	·•#2	.ft. 10ft.			CEMENT #3		
Tubing: Hise	AWL NA		Bwung at						
Pe	rforated from						A		
					Plugging or Seali	ng Materiais: T: /)	The 255% Co		
iken Hole St	¥	T.D		18. 10fl.			·····		
					Treater	Hall	Deprict		
	Representativ	C	Total Field	[
TIME	Tubing	Casing	Pumped			REMA	R X S		
0 1 00			1	ASL, JSA PLA U.	A THE OUTED	SUFCARE PA	r.		
9:00	1	300.4	334 002	START COMMON (Bus Es be State	NOV 1/2 84	magel	ackes as 0.3	Oot three
9:28		200 **	5-FI DOC						
A :110	+	10	21/2 882	ATTEND OF HOSE START COMMON!	ENEAT SUM	dun mu (A	and is Fair	OF (POTA)	- to an alant
9:40			A HE BOL	WASH UP. TEAR	Drugel L.L.	CENENT 1	Dun 7' mis	al LEGULAK	
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Invoice

GRESSEL OIL FIELD SERVICE

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

BURRTON, KS GREAT BEND, KS ۲ (620) 463-5161 (620) 793-3366

۵ HAYS, KS

4 (785) 628-3220

INVOICE NUMBER: L2982-IN

Page: 1

BILL TO: NOVY OIL & GAS, INC. **PO BOX 559** GODDARD, KS 67052

LEASE: KSU #2-3

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SPECIAL IN	STRUCTIONS	
04/30/2025	2982		04/25/2025 KSU #2-3			KSU #2-3		Т 30
QUANTITY	U/M	ITEM NO./DI	ESCRIPTION		D/C	PRICE	EXTENSIO	
		PERFORATED WIT AS FOLLOWS:	TH TITAN 3323-323T, SO	QUEEZE HOLES				
		FROM 1400' TO 14 WITH 4 SHOTS; AN	01' WITH 4 SHOTS; FR(ID FROM 300' TO 301' \	OM 900' TO 901' NITH 4 SHOTS.				
		SET 5 1/2" WEATH SACKS CEMENT O	ERFORD CIBP AT 3695 N TOP	5' WITH 2				
1.00	EACH	SET UP WIRELI	NE		0.00	1,000.00	1,000.00	
1.00	EACH	PERFORATE - 1	ST 4 SHOTS		0.00	1,200.00	1,200.00	
1.00	EACH	PERFORATE - N	IEXT 4 SHOTS		0.00	700.00	700.00	
1.00	EACH	PERFORATE - N	IEXT 4 SHOTS		0.00	700.00	700.00	
1.00	EACH	CAST IRON BRI	DGE PLUG		0.00	850.00	850.00	
3,695.00	EACH	SET CIBP			0.00	0.22		
1.00	EACH	DUMP BAILER			0.00	300.00	812.90 300.00	
MIT TO: P.O. BOX 4	138		LTG			Net Invoice:	5,562.90	
	E, KS 67060		LIG			Sales Tax:	222.22	
ECEIVED BY		NET 30 DAYS			Invoice Total:		5,785.12	

	011	¥				
UTITATIL				2	982	
Field Service	e, LLC					
P.O. BOX 43 Haysville, KS 6	7060		ари	4-20	5-70	328
CHARGE TO: Nalv OI (316) 524-1225 • FAX (3	316) 524-10	27	Date_	51-20	52	>
ADDRESS				and the result	1	
R/A SOURCE NO CUSTO	MEROR	DER NO.	n des par d'ort est	woeld setter generation be		-
LEASE AND WELL NO. KSU#2-3	FIEL		9		.2001	1.76
SPOT LOCATION NW-NE NE-SE SEC.	3	Reni	. 235	STA	TE EOC	F-
ZERO <u>Ch.L.</u> CASING SIZE <u>55</u> T CUSTOMER'S T.D. <u>CASING SIZE</u> CASING SIZE			and a state of the	WEIGHT		~
	L RATOR	conhe T	FLU	ID LEVEL	27	70
PERFORATI	and some one of					
Description		No. Shots	From De	epth To	Amo	ount
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AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH				Sub Total	JU12	10
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CANARY - File Copy

PINK - Customer Copy GOLDENROD - Field Copy KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

Form T-1

March 2010 Form must be Typed Form must be Signed **REQUEST FOR CHANGE OF OPERATOR** All blanks must be Filled TRANSFER OF INJECTION OR SURFACE PIT PERMIT Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act. MUST be submitted with this form. Check Applicable Boxes: Effective Date of Transfer: October 20, 2011 ✓ Oil Lease: No. of Oil Wells __1 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 138179 Gas Gathering System: Lease Name: KSU #2-3 Saltwater Disposal Well - Permit No .: ____ <u>100' - E _ E/2 _ E/2 Sec. 3 Twp. 23 R. 10 E / W</u> __ feet from N / S Line Spot Location: _ Legal Description of Lease: 2630' FSL & 560' FEL _____ feet from E / W Line Enhanced Recovery Project Permit No.: _ County: Reno Entire Project: Yes No Number of Injection Wells ____ Production Zone(s): Viola Field Name: _____Zenith-Peace Creek Injection Zone(s): ** Side Two Must Be Completed. Surface Pit Permit No .: _ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from E/ W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling 31958 David C. Hesse Past Operator's License No. Contact Person: Phone: 316-685-4746 Hesse Petroleum Company, LLC Past Operator's Name & Address: Date: October 20, 201 400 N. Woodlawn, Suite 7, Wichita, KS 67208 Title: Partner Signature: Contact Person: Michael E. Novy New Operator's License No. _____31714 New Operator's Name & Address: Novy Oil & Gas, Inc. Phone: 316-265-4651 125 N. Market, Suite 1230 Wichita, KS 67202 Oil / Gas Purchaser: NCRA Date: _October 20, 2011 SN Vice President Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #. has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. is acknowledged as _ is acknowledged as the new operator and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit Permit No.: _______. Recommended action: _ permitted by No .: ____ Date: Date: _ Authorized Signature Authorized Signature DISTRICT -EPR PRODUCTION LIIC Mail to: Past Operator _ New Operator

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

District _

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 138179						
* Lease Name:	KSU #2-3	* Location:2630' FSL & 560' FEL					
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
2-3	15-155-21518-00-00	2630 Circle FSL/FNL	560 Circle	OIL	PROD		
		FSL/FNL	FEL/FWL		-		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FVVL				

A separate sheet may be attached if necessary

* When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 31958 Name: Hesse Petroleum Company, LLC Address 1: 400 N. Woodlawn	Well Location: 100' EE/2_E/2_Sec. 3Twp. 23_S. R. 10East X West County: Reno Lease Name: KSUWell #: 2-3 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:	
Address 1:		
Surface Owner Information: Name: Frank DeLoach Address 1: 2901 Frederical Road Address 2:	When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.	

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- ✓ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I haraby cartify that the st	atomonts made bergin are true and co	brect to the best of my Bnowledge and be	elief
Thereby certify that the sta	atements made herein are true and oc	incor to the basi of my knowledge and b	choi.
Date: 10/20/2011	_ Signature of Operator or Agent:	du la	_{itle:} Partner