KOLAR Document ID: 1707272

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 #:			AF	PI No. 1	5			
Name:				Spot Description:				
Address 1:				Sec Twp S. R East Wes				
Address 2:			_	Feet from North / South Line of Section				
City:	State:	Zip: +	_	Feet from East / West Line of Section				
Contact Person:			Fo	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 #:				County: Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on:				
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC District Agent's Name)		
Depth to	Top: Botton	m: T.D	_{Pli}	ıaaina	Commenced:			
Depth to	Top: Botto	m: T.D		00 0				
Depth to	Top: Botto	m:T.D	' '	agging	Completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Reco	ing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
cement or other plugs were us		-				ds used in introducing it into the hole. If		
Plugging Contractor License #: Nan			Name:					
Address 1:			Address 2: _					
City:			Sta	ate:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _		, s	SS.				
			Г	_	nployee of Operator or	Operator on above-described well,		
	(Print Name)			=[]	inproyee or 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.

COPELAND

Acid & Cement

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

Invoice

Page: 1

BURRTON, KS | GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C60794-IN

BILL TO:

CARMEN SCHMITT, INC. **PO BOX 47** GREAT BEND, KS 67530 LEASE: FLATLAND 1-19

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE OR	DER	SPECIAL INSTRUCTIONS	
03/28/2023	60794		03/27/2023	FLATLAND 1-19		NET 30	
QUANTITY	U/M	ITEM NO./DE	ESCRIPTION		D/C	PRICE	EXTENSION
		NEW WELL					
100.00	MI	MILEAGE CEME	NT PUMP TRUCK		0.00	6.00	600.00
1.00	EA	PUMP CHARGE	ROTARY PLUG		0.00	1,150.00	1,150.00
255.00	SK	60/40 POZ MIX 2	% GEL		0.00	13.25	3,378.75
5.00	sĸ	2% ADDITIONAL	GEL		0.00	25.25	126.25
65.00	LB	CELLO-FLAKES	CELLO-FLAKES			3.25	211.25
1.00	EA	8 5/8" WOOD PLUG			0.00	65.00	65.00
262.00	EA	BULK CHARGE	BULK CHARGE		0.00	1.25	327.50
576.40	МІ	BULK TRUCK - T			0.00	1.10	634.04
	THE PARTY OF THE P	BOP	710/43 20075.0119 Dell Rife Carent to Plu	9	The second districts of the second se		
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060			COP LIS NOT TAXABLE AND I		THOMCO Sales Tax: 25		6,492.79 294.53 6,787.32
RECEIVED BY		N	NET 30 DAYS				



NEW WELL

HIELD ORDER

N° C

60794

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

		010 021 1220	DATE	27-Mar 20	23
IS AUTHORIZED BY:	CARMEN SCHMITT	(NAME OF CUSTOMER)			
Address		City	State	KS	,
TO TREAT WELL AS FOLLOWS Lease	FLATLAND	Well No. <u>1-19</u>	Customer Order No.		
Sec. Twp. Range 19-6S-31W		County THOMAS	State	KS	
CONDITIONS: As a part of the cons	sigeration hereof it is agreed that Copeland Acid i	s to service or treat at owners risk, the hereinbefore me	entioned well and is not to		

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.

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 _______By

		Well Owner or Operator	Ag	ent
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	100	Mileage P.T.	\$6.00	\$600.00
20.0006	1	Pump Charge Rotary Plug	\$1,150.00	\$1,150.00
20.1002	255	60/40 Poz 2% Gel	\$13.25	\$3,378.7
20.1004	5	Add. Gel after 2% Per Sack	\$25.25	\$126.25
20.1013	65	Celloflake per ib.	\$3.25	\$211.25
20.202	1	8 5/8" Wood Plug	\$65.00	\$65.00
			<u> </u>	
1				
				······································
20.0011	262	Bulk Charge	\$1.25	\$327.50
20.0012	576.4	Bulk Truck Miles	\$1.10	\$634.04
		Process License Fee on Gallons		
		TOTAL BILLING		\$6,492.79

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 C.		
Station GB		MATT SUCHY	
Remarks			Well Owner, Operator or Agent