



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1097181
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

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

SUNFLOWER WELL SERVICE, INC.
P.O. BOX 341
CANTON, KS 67428-0341
PH. (620) 628-4723
FAX (620) 628-7911

INVOICE

TO: LOEWEN OPERATOR
P O BOX 335
CANTON, KS 67428

INVOICE	INVOICE NUMBER	LEASE NAME	
07-11-12	1806	Nelson-Winslow #1	
DATE	DESCRIPTION	UNIT PRICE	TOT INV
07/09/12	MOVED TO LOCATION: Rigged up, Ran dump bailer, Found T.D. at 2652', Dumped 55 gal. Of sand, Had surface head dug out, Pulled casing slips, Worked Casing, Had 2" of stretch at 80,000, Rigged logger up, Perforated At 250', Broke circulation on casing, Circulated cement to surface, Washed up, Shut down.		
	Rig & Crew 11 hrs	\$195 per hr	\$2,145.00
07/10/12	Ran bailer, Found cement at 7', Broke rods down in singles and Loaded on trailer, Rigged down.		
	Rig & Crew 3 hrs	\$195 per hr	\$ 585.00
	5 Bags Cement		\$ 62.50
	Sand for bottom plug		15.00
	Backhoe to dig surface out, 50bbl pit and backfill pit 4 hrs		300.00
THANK YOU FOR YOUR BUSINESS !!!!			
		SubTotal	\$3,107.50
		Sales Tax 8.3%	257.92
		TOTAL	\$3,365.42

TERMS: NET 30 1.5% WILL BE ADDED AFTER 30 DAYS FROM
DATE OF INVOICE. PLEASE PAY FROM THIS INVOICE.

COPELAND

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

Invoice

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Acid & Cement

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

INVOICE NUMBER:
 C37972-IN

BILL TO:

LOEWEN OPERATOR, INC.
 P.O. BOX 335
 CANTON, KS 67428-0335

LEASE: NELSON-WINSLOW 1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
07/17/2012	C37972		07/09/2012		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
150.00	SAX	60-40 POZ MIX 4% GEL		0.00	9.69	1,453.50
61.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	244.00
150.00	EA	BULK CHARGE		0.00	1.25	187.50
402.60	MI	BULK TRUCK - TON MILES		0.00	1.10	442.86
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B		Net Invoice:		2,977.86
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		SALCO Sales Tax:		47.45
		NET 30 DAYS		Invoice Total:		<u>3,025.31</u>

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

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

GRESSEL OIL FIELD SERVICE

Invoice

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

BURRTON, KS (620) 463-5161
 EL DORADO, KS (316) 321-2065
 GREAT BEND, KS (620) 793-3366
 HAYS, KS (785) 628-3220

INVOICE NUMBER:
 0162315-IN

BILL TO:
 LOEWEN OPERATOR, INC.
 P.O. BOX 335
 CANTON, KS 67428-0335

LEASE: NELSON-WINSLOW

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
07/17/2012	0905		07/09/2012		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		PERFOARED WITH 3 1/2 STRIP JETS AS FOLLOWS: FROM 250' TO 251', 4 SHOTS RIG UP, MAKE UP SHALLOW SQUEEZE GUN, RUN IN PERFS.				
1.00	EA	SET UP WIRELINE		0.00	700.00	700.00
4.00	EA	PERFORATING 1ST SHOTS		0.00	75.00	300.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		LOG		Net Invoice: 1,000.00 Sales Tax: 51.10 Invoice Total: 1,051.10		
RECEIVED BY _____		NET 30 DAYS				

There will be a charge of 1.5% (18% annual rate) on all accounts over 30 days past due.
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GRESSEL OIL FIELD SERVICE

Invoice

Page: 1

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

BURRTON, KS (620) 463-5161
EL DORADO, KS (316) 321-2065
GREAT BEND, KS (620) 793-3366
HAYS, KS (785) 628-3220

INVOICE NUMBER:
0162529-IN

BILL TO:
LOEWEN OPERATOR, INC.
P.O. BOX 335
CANTON, KS 67428-0335

LEASE: NELSON WINSLOW

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
07/27/2012	11926		07/09/2012		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
4.00	EA	7/9/12 - FURNISH WATER FOR CEMENT JOB. 80 BBL TANK TRUCK		0.00	90.00	360.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		TT		Net Invoice: 360.00 Sales Tax: 0.00 Invoice Total: 360.00		
RECEIVED BY _____		NET 30 DAYS				

There will be a charge of 1.5% (18% annual rate) on all accounts over 30 days past due.

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