



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

KANSAS CORPORATION COMMISSION 1131343
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

LOG-TECH OF KANSAS, INC.
 86 SW 10 AVE.
 GREAT BEND, KANSAS 67530
 (620) 792-2167

INVOICE
 7420

Date 3-25-13

CHARGE TO: Lasso Energy, LLC.
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. Holt #2 FIELD _____
 NEAREST TOWN _____ COUNTY Cowley STATE KS
 SPOT LOCATION NW-NE-SW SEC. 36 TWP. 31S RANGE 4E
 ZERO 5' AGL CASING SIZE 5 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
 ENGINEER Lee Bratz OPERATOR Heath Brehrer

PERFORATING					
Description	No. Shots	From	Depth To	Amount	
<u>Queen HSC 3125-332 Squeeze Hits</u>	<u>2</u>		<u>250</u>		
					<u>850 00</u>

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>550 00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

[Signature]
 Customer Signature Date

Sub Total	<u>1400 00</u>
Code Rel. Tool Insurance	
Tax	
	<u>850 00</u>

COPELAND

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

Invoice

Page: 1

Acid & Cement

BURRTON, KS GREAT BEND, KS
(620) 483-5161 (620) 793-3366
FAX (620) 463-2104 FAX (620) 793-3536

**INVOICE NUMBER:
C41827-IN**

**BILL TO:
LASSO OIL
P.O. BOX 465
CHASE, KS 67524**

LEASE: HOLT 2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
03/31/2013	C41827		03/26/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
1.00	EA	POLY TRAILER RENTAL		0.00	250.00	250.00
105.00	SAX	60-40 POZ MIX 4% GEL		0.00	9.69	1,017.45
94.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	376.00
1.00	EA	MIN. BULK CHARGE		0.00	150.00	150.00
434.28	MI	BULK TRUCK - TON MILES		0.00	1.10	477.71
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COB		Net Invoice:		2,921.16
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		COWCO Sales Tax:		56.70
RECEIVED BY		NET 30 DAYS		Invoice Total:		2,977.86

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



TREATMENT REPORT

Acid Stage No. 10

Date: 3-26-13 District: Bureau F. O. No. _____
 Company: Laso Energy
 Well Name & No.: Halt # 2 D
 Location: _____ Field: ✓
 County: Colley State: TX
 Casing: Size: 3 1/2 Type & Wt.: _____ Set at: _____ ft.
 Formation: _____ Perf.: _____ to _____
 Formation: _____ Perf.: _____ to _____
 Formation: _____ Perf.: _____ to _____
 Liner: Size: _____ Type & Wt.: _____ Top at: _____ ft. Bottom at: _____ ft.
 Cemented: Yes/No. Perforated from: _____ ft. to: _____ ft.
 Tubing: Size & Wt.: _____ HWG at: _____ ft.
 Perforated from: _____ ft. to: _____ ft.
 Open Hole Size: _____ T.D.: _____ ft. P.H. to: _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush: _____ Bbl./Gal. _____
 Treated from: _____ ft. to _____ ft. No. ft. _____
 from: _____ ft. to _____ ft. No. ft. _____
 from: _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal. _____
 Pump Trucks, No. Used: Std. _____ Sp. _____ Twin _____
 Auxiliary Equipment _____
 Packer: _____ Set at: _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type: 125 sack CO-10-42 Pse

Company Representative _____

Treater: [Signature]

TIME A.M./P.M.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:00			0	On loc TSA Rig up Run job pipe to 255' Start mixing to loc.
10:50			5 RBbl	St Full water start mixing going down hole
			0	Mix 47 sack slugs
			9 RBbl	Cancel at surface of gas Circ pull job pipe out & wash up
	150#		3 RBbl	Job 3 RBbl to catch fluid 2 3/4 RBbl @ 150 #
	50#		11 RBbl	Blow out 8 1/2 Lossing pressure 3 RBbl @ 50# Shut down Casing to 8 1/2 Both on vac. Call in wash up truck left loc.
11:45				

COPELAND

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

Invoice

Acid & Cement

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

**INVOICE NUMBER:
C41832-IN**

**BILL TO:
LASSO OIL
P.O. BOX 465
CHASE, KS 67524**

LEASE: HOLT 2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
03/31/2013	C41832		03/28/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
115.00	SAX	60-40 POZ MIX 4% GEL		0.00	9.89	1,114.35
30.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	120.00
60.00	MI	CEMENT MILEAGE ROUND TRIP		0.00	2.00	120.00
1.00	EA	POLY RENTAL		0.00	250.00	250.00
1.00	MI	MIN. BULK TRUCK - TON MILES		0.00	150.00	150.00
151.06	MI	BULK TRUCK - TON MILES		0.00	1.10	166.17
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COB		Net Invoice:		2,570.52
RECEIVED BY _____		NET 30 DAYS		COWCO Sales Tax:		56.70
				Invoice Total:		<u>2,627.22</u>

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

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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



TREATMENT REPORT

Acid Stage No. A#2

Date 3-28-13 District Bureau F. O. No. _____
 Company Less Energy
 Well Name & No. Holt 2D
 Location _____ Field _____
 County Conley State Ky
 Casing: Size 8 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____ to
 Formation: _____ Perf. _____ to _____ to
 Formation: _____ Perf. _____ to _____ to
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Spung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.H. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Breakdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: 8 (bbl) (Gal.)
 Pump Trucks No. Used: Std. 323 Sp. _____ Twin _____
 Auxiliary Equipment Bulk 322 JT 133
 Packer: _____ Set at _____ ft.
 Auxiliary Tools Poly tanks
 Plugging or Sealing Materials: Type 115 sack 60-40-4%

Company Representative _____

Treater [Signature]

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
4:25			0	On loc ISA Rig up Run poly to 255'
			0	Start lost hole
			0	53 Filled up slow down fluid falls quickly
			1180	Call for start mixing cement (100 sack)
			1380	53 Filled up w/ cement. 45 sacks away
				pull poly out top of casing start seeing
				flow on 8 1/4 Put base in top 53
				did not swell in. Start up slurry to 5:8
5:40			2380	Pump + mix 1/2 tub at time
6:10				Both sides steady pull close ditch to fill up
				collar - wash up lost locatn
				Start on second day cement 4' down
				in 53 steady fall on 8 1/4