



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

KANSAS CORPORATION COMMISSION 1136644  
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

Mike's Testing & Salvage Inc.

P.O. Box 467  
Chase, KS 67524

# Invoice

Date	Invoice #
4/24/2013	13840

<b>Bill To</b>
Trek AEC, LLC 155 N. Market, Suite 710 Wichita, Kansas 67202

P.O. No.	Lease	County
Adolf Storage	#4	Barton

Qty	Description	Rate	Amount
16	Hrs	195.00	3,120.00T
3	Sx Cement	12.50	37.50T
	Casing Knife	250.00	250.00T
	4/3/13 Drove rig to location. Rigged up, couldn't blow well down. Pauls high pressure truck killed well. Log Tech set CIBP @ 3700', dumped 3sx cement. Shut down. 6hrs		
	4/4/13 Dug cellar & pit. Scott's Welding had to weld 5-1/2 collar on. Set floor, got 2" of stretch. Cut @ 2500', not loose. Got free @ 2005'. Pulled up to 1650', Copeland pumped 200# hulls 100sx cement. Pulled up to 1100', pumped 50sx 100# hulls. Pulled up to 650', circulated cement with 125sx 100 hulls. Topped off with 20sx. Rigged down. 10hrs		
	KCC: Bruce Rodie Sales Tax	7.30%	248.75
		<b>Total</b>	<b>\$3,656.25</b>

# COPELAND

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

**Invoice**

**Acid & Cement**

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

**INVOICE NUMBER:  
C38349-IN**

**BILL TO:  
TREK AEC  
P.O. BOX 516  
CANTON, KS 67428**

**LEASE: ADOLF STORAGE #4**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS		
04/12/2013	C38349		04/04/2013		NET 30		
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION	
15.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	60.00	
15.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	30.00	
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00	
345.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	3,191.25	
7.00	SAX	2% ADDITIONAL GEL		0.00	22.00	154.00	
400.00	LB	COTTONSEED HULLS		0.00	0.40	160.00	
352.00	EA	BULK CHARGE		0.00	1.25	440.00	
232.32	MI	BULK TRUCK - TON MILES		0.00	1.10	255.55	
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		<b>COP</b>		Net Invoice:		4,940.80	
<b>RECEIVED BY</b> _____		<b>NET 30 DAYS</b>		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BATCO Sales Tax:	47.45
				Invoice Total:		4,988.25	

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 Grassel Oil Field Service  
Grassel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserves all the rights of a secured party under the Uniform Commercial Code



FIELD ORDER N° C-38349

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

DATE 4.4.13 20

IS AUTHORIZED BY: TEX (NAME OF CUSTOMER)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
To Treat Well As Follows: Lease ADOLF SYMBALIE Well No. 4 Customer Order No. \_\_\_\_\_  
Sec. Twp. Range \_\_\_\_\_ County BARTON State \_\_\_\_\_

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.

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

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	15	MILEAGE FLOWN TRUCK	4 <sup>00</sup>	60 <sup>00</sup>
2	15	MILEAGE PICK UP	2 <sup>00</sup>	30 <sup>00</sup>
2	1	FLOOR CHARGE - DUES		656 <sup>00</sup>
2	345	60/40 2 1/2 gal	9 <sup>00</sup>	3101 <sup>25</sup>
2	7	2 1/2 add gal	22 <sup>00</sup>	154 <sup>00</sup>
2	4000 <sup>00</sup>	bulk	40	160 <sup>00</sup>
2	352	Bulk Charge	1 <sup>00</sup>	440 <sup>00</sup>
2		Bulk Truck Miles 15.408 x 15 gal 2 1/2 gal 15		255 <sup>55</sup>
		Process License Fee on _____ Gallons		4940 <sup>00</sup>
<b>TOTAL BILLING</b>				<b>4940<sup>00</sup></b>

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 QUANTRIA

Station GE T LIAD S.  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**



TREATMENT REPORT

Acid Stage No. ....

Date 4.4.13 District F. O. No. 38349
Company TRAK
Well Name & No. ADOLF STORAGE #4
Location Field
County CARTER State KS

Form containing treatment details: Type Treatment, Amt., Type Fluid, Sand Size, Pounds of Sand, Ebbdown, Flush, Treated from, Actual Volume of Oil/Water to Load Hole, Pump Trucks, Auxiliary Equipment, etc.

Casing: Size, Type & Wt., Set at, ft.
Formation: Perf. to
Liner: Size, Type & Wt., Top at, ft. Bottom at, ft.
Cemented: Yes/No. Perforated from, ft. to, ft.
Tubing: Size & Wt., Hung at, ft.
Perforated from, ft. to, ft.
Open Hole Size, T.D., ft. P.D., to, ft.

Company Representative THAD S. Treater

Table with columns: TIME a.m./p.m., PRESSURES (Tubing, Casing), Total Fluid Pumped, REMARKS. Includes handwritten entries for mix 100 sks, mix 50 sks, mix 125 sks and location notes.

THAD S.
CARTER