



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

KANSAS CORPORATION COMMISSION 1139418
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



FIELD ORDER N° C 38470

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

DATE 5-9-13 20

IS AUTHORIZED BY: LISSO ENERGY (NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well As Follows: Lease PETROS Well No. 1 Customer Order No. _____
Sec. Twp. Range _____ County STAFFORD State KS

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	30	MILEAGE Pump Truck	4.00	120.00
2	30	MILEAGE PICKUP	2.00	60.00
2	1	Pump CHARGE - PLUG		650.00
2	150	60/40 22 gal	9.25	1387.50
2	3	22 add gal	22.00	66.00
2	10	gal	22.00	220.00
	163	Bulk Charge	1.25	203.75
		Bulk Truck Miles $7.1725 \times 30 \times 1.10 = 235.16$	1.10	276.68
		Process License Fee on _____ Gallons		
		TOTAL BILLING		2943.93

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 Brandon
Station GR WELSO
Well Owner, Operator or Agent

Remarks _____
NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date 5-9-13 District..... F. O. No. 35470
 Company LAASO
 Well Name & No. PETROS #1
 Location..... Field.....
 County STATOARD State KS

Casing: Size..... 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..... hung at..... ft.
 Perforated from..... ft. to..... ft.

Hole Size..... T. D. ft. P. B. 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: Bbl./Gal.

Pump Trucks - No. Used: 318 Bp. Twin

Auxiliary Equipment 307

Packer: Set at..... ft.

Auxiliary Tools

Plugging or Sealing Materials: Type

Company Representative Kelso Treater Brandon

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
6:30				ON LOCATION
:				
:				pump 10 sbs 9gl + 50 sbs 60/40 4% + 880'
:				
:				circulate cement to surface from 280' w 100 sbs 60/40 4% gel
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Brandon Brandon