

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1156022

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 #:			APIN	lo. 15			
Name:				Description:			
Address 1:				Sec T	wp S. R East West		
Address 2:				Feet from	North / South Line of Section		
City:	State:	Zip:+		Feet from	East / West Line of Section		
Contact Person:			Foota	ages Calculated from Near	est Outside Section Corner:		
Phone: ()				NE NW	SE SW		
Type of Well: (Check one) (Che	Other: Gas Sto	SWD Permit #:	Lease	County: Well #: Well #:			
Is ACO-1 filed? Yes	_	log attached? Yes			roved on: (Date)		
Producing Formation(s): List A					(KCC District Agent's Name)		
•	•	m: T.D	I Plugo	ging Commenced:			
•		m: T.D	Plugg	Plugging Completed:			
Depth to	5 TOP BOILO	m: T.D					
Show depth and thickness of	all water, oil and gas forma	ations.	'				
Oil, Gas or Water	r Records		Casing Record	(Surface, Conductor & Produ	uction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us	. 00		•		ods used in introducing it into the hole. If		
Plugging Contractor License #	# :		Name:				
Address 1:			Address 2:				
City:			State:		Zip:+		
Phone: ()							
Name of Party Responsible for	or Plugging Fees:						
State of	County		SS				
-				F	0		
	(Print Name)			Employee of Operator or	Operator on above-described well,		

Submitted Electronically

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



FIELD ORDER Nº C42040

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

		Enry &	
		_	
SAUTHORIZED BY: Lasso E word	(NAME OF CUSTOMER)		
oddress	_ City	State	
o Treat Well	1 -	0.00.00	
s Follows Lease Hol-	_ Well No	Customer Order No	
ec. Twp Range	County Cowles	State X.	c
ONDITIONS As a part of the consideration hereof it is agreed that Co of to be held liable for any damage that may accrue in connection will implied, and no representations have been relied on, as to what may be eatment is payable. There will be no discount allowed subsequent to sur invoicing department in accordance with latest published price scheduler undersigned represents himself to be dufy authorized to sign the	peland Acid Service is to service or tropelant said service or treatment. Copelant the results or effect of the servicing such date. 6% interest will be charged dules.	eat at owners risk, the hereinbeford Acid Service has made no represor treating said well. The consider	e mentioned well and sentation, expressed or ration of said service of
HIS ORDER MUST BE SIGNED EFORE WORK IS COMMENCED	ı	2.,	
Well Owner of	or Operator	ByAgent	
CODE QUANTITY	DESCRIPTION	UNIT	AMOUNT
1 Pungalung to	des Julo		(40)
112 sell (00-4)- 4 To P	- a drey and		108521
0, -, 1			3000
90 mil 12 / was pris	Company mile	-	180%
90 mile /2 Pick wis miles	Commission Low	2 - 1 - 2	120 =
10 mil 12 Fick the miles	A TOWNER FOR	<u> </u>	
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Pulls Charge \2" 7 - 1			140=
Bulk Charge Saci	• • • • • • • • • • • • • • • • • • • •		487 27
	11118		118)
Process License Fee o	 		0.0
	101A	AL BILLING	211315
I certify that the above material has been accepted at manner under the direction, supervision and control of Copeland Representative	nd used, that the above service of the owner, operator or his a	e was performed in a good gent, whose signature appe	and workmanlike ears below.
Station Pulketo.		Well Owner, Operator or Agent	
Remarks <u> </u>	NET 30 DAYS		



TREATMENT REPORT

79

					Type Treatment.	Amt	Type Fluid	Sand Size	l'ounds of Band
Dair 77-8	-13 ni	merce Exce	وعرصه). No	Bkdown	Bbl /Gal			
	-ASC 5			J. 1.04	}	Bbl. /Gal .		-	
	vo Water	A '	7	* * *** ************************	}	Bbl. /Gal.			********
	"10" A"DERLY "	,		AM T POMPOTOM M 20074 777 -7	,	•		• •	· · ·
Location		•	Pield .	•	- ·	Bbl. /Qal.			
County 🔾	ontrol		State 4	 	Pluch	Bbl/Gal .			• •
	7				Treated from	fl. to		.ft No ft.	
Cusing Size		Тура & Wi.		Bet at ft.	from	ft to	-	ft No ft.	-
Formation	-		Perf	to	from	ft. to		ft Noft	
Formation .		-	. Perf	to		OU 19/2222 1 2 4 1 1	•-	, 2 &	Bb), /Gal
Formation	•		Perf	10 .	Actual volume of	Oll/Water to Load He	He		BPI (CE)
Liner Size	Type & W	t	Top at ft	Bottom at ft.	Pump Trucks No	Used Big 323	8p	Twin	i
Cen	nented Yes/No	Perforated fro	om	ft. to ft	Auxiliary Equipme	"BM/8355	771	33 .	
Tubing Hise			Bwung at .		Parker			Sa 1	n
	forated from		•		Auxillary Topia	W Materials Type	Tend	108	
	TOTAL COLORS	<u> </u>			Discording or No. 110	w Materials: Torre	برياره عرار	(,0,40 -	46
						S MERCHINE TYPE .	11000		
than Hole Ris	LP	TD	14 11	3 to ft		4	·	Ciale	th
						L. 101			
Company	Representative				Treater	7-4 Kg/			
TIME		URES	Total Fluid			REMARKS			
4.m /p.m.	Tubins	Casing	Pumped						
W:30				Periew ?	12.B K.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	mosalm	3Th 00	_)
:			\circ	Stard U.E.	2005 to 1	1.60	17		
:		<u>-</u>	12 BAL	Back	/ve-a				
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12:00	_		25, Br		7 11	~ r	2	T sauce	SHERT
17.00			TY FIRE	1/7 sooks	C1795-19 6	7	<u> </u>	Mac.	
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COPELAND

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

Page: 1

Acid & Cement

(620) 463-5161

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

INVOICE NUMBER: C42040-IN

BILL TO: LASSO OIL P.O. BOX 465 **CHASE, KS 67524** LEASE HOLT 6

Invoice

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SPECIAL II	INSTRUCTIONS	
07/15/2013	C42040		07/08/2013			N	NET 30 EXTENSION	
QUANTITY	U/M	ITEM NO /DI	ESCRIPTION		D/C	PRICE		
1 00	EA	CEMENT PUMP	CHARGE		0 00	650 00	650 00	
112 00	SAX	60-40 POZ MIX 4	60-40 POZ MIX 4% GEL			9 69	1,085 28	
1 00	EACH	POLY TRAILER	RENTAL		0 00	250 00	250 00	
45 00	МІ	CEMENT MILEA	GE PUMP TRUCK		0 00	4 00	180 00	
90 00	мі	CEMENT MILEA	CEMENT MILEAGE PU TRUCK R T			2 00	180 00	
112 00	EA	BULK CHARGE	BULK CHARGE			1 25	140 00	
443 52 MI		BULK TRUCK - 1	TON MILES		0 00	1 10	487 87	
REMIT TO: PO BOX HAYSVILI	438 LE, KS 67060		COB		cowco	Net Invoice D Sales Tax	2,973 15 41 60	
RECEIVED BY			AND OR DELIVERY CITA NET 30 DAYS			Invoice Total.	3,014.75	
			NET 30 DATS 1.5% "per month" (181					