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

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1163097

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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp 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:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom: T.D	

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 Pu			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	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugars an eath source. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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



Acid & Cement

(620) 463-5161 FAX (620) 463-2104

.

BURRTON, KS 🍐 GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

USED FOR 8+A LEASE: HILGER #1-32 APPRO Unit

Invoice

BILL TO: **MURFIN DRILLING CO** P.O. BOX 288 RUSSELL, KS 67665-0288

C39787 U/M		06/28/2012	1	a construction of a part of the second state o		
L1/M		00/20/2012			NE	ET 30
Unit	ITEM NO./DE	SCRIPTION		D/C	PRICE	EXTENSION
МІ	CEMENT MILEA	GE PUMP TRUCK		0.00	4.00	240.00
мі	CEMENT MILEA	GE PU TRUCK		0.00	2.00	120.00
EA	CEMENT PUMP	CHARGE		0.00	650.00	650.00
SAX	60-40 POZ MIX 2	% GEL		0.00	9.25	1,942.50
SAX	2% ADDITIONAL	GEL		0.00	22.00	110.00
EA	BULK CHARGE			0.00	1.25	268.75
м	BULK TRUCK - T	ON MILES		0.00	1.10	624.80
			×			
3242.0	1001.1 4.1	100.25	PTA #1	32		
		COP		Net Invoice:		3,956.05
138 E, KS 67060			E AND IS ADDED TO SUMCO Sales Tax:		44.20	
					Invoice Total:	4,000.25
	MI EA SAX EA MI <u>3242.0</u> 38 5, KS 67060	MI CEMENT MILEA EA CEMENT PUMP SAX 60-40 POZ MIX 2 SAX 2% ADDITIONAL EA BULK CHARGE MI BULK TRUCK - T 3242.0001.1 4,1 38 5, KS 67060 FUEL SURCHARG	MI CEMENT MILEAGE PU TRUCK EA CEMENT PUMP CHARGE SAX 60-40 POZ MIX 2% GEL SAX 2% ADDITIONAL GEL EA BULK CHARGE MI BULK TRUCK - TON MILES 32442.0001.1 4,000.25 COP 58 E, KS 67060 FUEL SURCHARGE IS NOT TAXABLE AND MILEAGE, PUMP AND OR DELIVERY CHARGE NET 30 DAYS	MI CEMENT MILEAGE PU TRUCK EA CEMENT PUMP CHARGE SAX 60-40 POZ MIX 2% GEL SAX 2% ADDITIONAL GEL EA BULK CHARGE MI BULK TRUCK - TON MILES 32412 .0001.1 4,000.25 PTA #1- COP S8 5, KS 67060 FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. NET 30 DAYS	MI CEMENT MILEAGE PU TRUCK 0.00 EA CEMENT PUMP CHARGE 0.00 SAX 60-40 POZ MIX 2% GEL 0.00 SAX 2% ADDITIONAL GEL 0.00 EA BULK CHARGE 0.00 MI BULK TRUCK - TON MILES 0.00 MI BULK TRUCK - TON MILES 0.00 SAX COP SAX COP SAX 2% ADDITIONAL GEL 0.00 MI BULK TRUCK - TON MILES 0.00 MI BULK TRUCK - TON MILES 0.00 SAX 200011 A, DOD.25 PTA #1-32. COP SUMM SUMM NET 30 DAYS	MI CEMENT MILEAGE PU TRUCK 0.00 2.00 EA CEMENT PUMP CHARGE 0.00 650.00 SAX 60-40 POZ MIX 2% GEL 0.00 9.25 SAX 2% ADDITIONAL GEL 0.00 22.00 EA BULK CHARGE 0.00 1.25 MI BULK TRUCK - TON MILES 0.00 1.10 32442.0001.1 4.000.255 PTA #1-32. COP Net Invoice: 38 5. KS 67060 FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. Net Invoice:

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

INVOICE NUMBER: C39787-IN

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



TREATMENT REPORT

Acid Stage No.

16		\sim	\supset	20107	Type Treatment:	Ami.	Type Fluid	Sand Size	Founds of Name
Date / C	E/12 01	strict.	Z	No. 57121	1	Bbi./Gai			
Companyy	mul	y L	pathen	A		Bbl./Gal			
Well Name & 3	No	19er '	~ (Bbl. /Gal			
Location	ŋ		Field	¢		Bbi. /Oal			
County	UMN, e	<u>^</u>				Bbl. /Gal			
	5-1/2					R.			
Cusing: Size	0/4	Type & Wl		Bet \$1ft.		fi.			
Formation			Perf	to	from	<u></u> ft.	to	ft. No.	ft
					Actual Volume of	OII/Water to Lond	Hole:		Bbl. /Oal.
Formation									
Liner: Size	Type & W i	L	Top 81	, Bottom stft.	Pump Trucks, N	o. Used: Std			/In
Cem	ented: Yes/No.	Perforated fro	m	.ft. toft.		hent			
Tubing: Bise 4	Wt		Swung at	ft.					
Fer	forated from				•				
					Plugging or Seall	ng Materials: Type.	.,		
Onen Hole Siz	e	. <u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	U. toR.				Gale.	lb.
						FR AL			
Company I	Representativ	e			Treater	n vvor	~		
TIME		SURES	Total Fluid			REMARX	8		
a.m /p.m.	Tubing	Casing	Pumped						
7:30				on loca	stor				
<u>/ 0°</u>									
	-	<u> ···=····</u>	1			1			
5 20				MW 35	- JACKS	at To			
<u>s w</u>			<u> </u>						
				· · · · · · · · · · · · · · · · · · ·		1	· - / ·		
5-:15			<u> </u>	Mul 33	- SAIK	at 4	30		
\underline{O}			·	p. P.D.=y	3/	0!	140,		
E UT		+		TIANIR	fat +		alla		
				MAN MAN		~~~~			
1:30		<u> </u>	1						
		+			<u> </u>	10	100		
<u>.</u>		┼────				NO N	stel ?	Hells	
<u> </u>		+	1			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
<u>:</u>			1		1	01_			
				·	- 11	te an	0/er		
:						- /			
		1							
:	1	1			- 7				
;									
	<u> </u>	<u> </u>							
:			1						
:			1						
:	F						•		
				···········	·····				
·	·		*[1				······································	
· · ·	+	┼		1			······································		
·		<u>+</u>	+	+		····		·····	
			· · · ·	+	··· ·	· · · · · · · · · · · · · · · · · · ·			
	 	+	+	<u> </u>					<u></u>
		+		<u>+</u>	<u> </u>				
	<u> </u>	╉╴────							
:	L			<u> </u>					
:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ļ	l		- <u></u>			. <u> </u>
				1					

BUPELIND		FIELD ORDER Nº-C 35777
Acid & Cement	BOX 43B • HAYSVILLE, KANSAS 67060 316-524-1225 DATE_	6/28 20.12
Address	(NAME OF CUSTOMER)	State
To Treat Well As Follows: Lease	Well No	Customer Order No
Sec. Twp. Range	County Junna	State 15

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.

By,

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	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	100	mics millingrahunge	400	24000
	lais	mills Die low Millagerhag	200	120 00
		The a filler I Vor illeg Job		1:30.00
				1.1.1.1
	210	Ricks bullet fuz 27.	9120	1942.50
	5	add Gel 77.	22 0	110 00
	·			
	<u> </u>		-	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·		
	<u> </u>		12-	268.75
[]	215		12.5	62480
	· · · · ·			027 20
		Process License Fee onGallons		36-1
ξĮ.		TOTAL BILLING		3956.05

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. -1-

A, Copeland Representative

Nile Well Owner, Operator or Agent

Station Remarks_