

**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

#### 1166064

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 #:			A	NI No.	. 15						
Name:				pot De	escription:						
Address 1:			-		Sec Tw	/p S. R East West					
Address 2:			-		Feet from	North / South Line of Section					
City:					Feet from East / West Line of Section						
Contact Person:			F	ootage	es Calculated from Neares	st Outside Section Corner:					
Phone: ( )					NE NW	SE SW					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	County							
Water Supply Well	Other:	SWD Permit #:		-		Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:									
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)					
Producing Formation(s): List A	All (If needed attach another	sheet)	b	y:		(KCC <b>District</b> Agent's Name)					
Depth to	o Top: Botto	m: T.D	_	Pluaain	na Commenced:						
Depth to	o Top: Botto	m: T.D		Plugging Commenced: Plugging Completed:							
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.						
Show depth and thickness of	all water, oil and gas forma	ations.									
Oil, Gas or Wate	r Records		Casing Rec	ord (S	urface, Conductor & Produc	etion)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top	) for ea	ach plug set.						
Plugging Contractor License #	#:		Name:								
Address 1:			Address 2:								
City:			S	tate:_		Zip:+					
Phone: ( )											
Name of Party Responsible for	or Plugging Fees:										
State of	County, _		,	SS.							
	(Print Name)			E	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

### **COPELAND**

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

Invoice

Page: 1

Acid & Cement

(316) 524-1027 FAX

RECEIVED AUG 03 2012

LEASE: HOLT B3

BURRTON, KS 🍐 GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C38036-IN

BILL TO:

LASSO OIL P.O. BOX 465 CHASE, KS 67524

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SPECIAL IN	STRUCTIONS	
07/31/2012	C38036		07/30/2012			NET 30		
QUANTITY	TY U/M ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION		
1.00	EA	CEMENT PUMP	CHARGE		0.00	650.00	650.00	
85.00	SAX	60-40 POZ MIX	60-40 POZ MIX 4% GEL			9.69	823.65	
1.00	HR	POLY TRAILER	POLY TRAILER RENTAL			250.00	250.00	
48.00	МІ	CEMENT MILEA	CEMENT MILEAGE PUMP TRUCK			4.00	192.00	
96.00	МІ	CEMENT MILEA	GE PU TRUCK		0.00	2.00	192.00	
1.00	EA	MIN. BULK CHA	MIN. BULK CHARGE			150.00	150.00	
359.04	МІ	BULK TRUCK -	TON MILES		0.00	1.10	394.94	
					:			
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COPB			M. M	0.050.55		
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO		cowco	Net Invoice:  Sales Tax:	2,652.59 61.20		
HATOVIC	122, 10 0,000	FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			Invoice Total:		2,713.79	
RECEIVED BY		NET 30 DAYS						

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

# Acid & Cement

## RECEIVED AUG 03 2012

### TREATMENT REPORT

Acid Sizes No PUT

		^			Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Date J- Sec	-12- Di	uricitizen	20 × 0	No	Bkdown	Bbl. /Gal			*
Company	ec202	- Romaningon	PP 2			Bbl. /Gal			
Well Name & 2	No. Hala	- B 'S	<u> </u>		<b>L</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Bbl./Gal			
						Bbl. /Gal			
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(Turatana) Mina		M		Set atft.					
				to		<u></u>	<i>to</i>		<u></u>
				to	Actual Volume of	Oil/Water to Lond	Hole:		
Formation:			Perf	to	ì				
Liner: Size	Type & W	t,	Top utft.	Bottom atft.	Pump Trucks. No	). Used: Bld. SS	S8p	Tw	in
Cem	ented: Yes/No.	Perforated fro	m	t. toft.	Auxillary Equipm	en Bylk 3	7.5	7 191	
Tubing: Bise &	k Wt		Swung at	t.	Packer:	<b>~</b>		Set at	tı.
Per	forated from		ft. to	ft.	Auxiliary Tools	Paly Togi	<u>La</u>		
					Plugging or Bealt	ng Bluterials: Type.	85 8=d	~ 60-40	-4°C
Own Hole Six	·	т. Р.,		. toft.					
					/	1	/		
Cannana I		_			Treater )	4 20 1	/1		
	Representative		T .		11(4()				
TIME a.m /p.m.	Tubing	Casing	Total Fluid Pumped			REMARK	8		
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## RECEIVED AUG 03 2012 PRDER Nº C 3 9 0 3 6

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

AUTHORIZI	ED BY:		LI.	NAME OF CUSTOME	R)		<u> </u>	
: Idress	· · · · ·		1 (3	City		÷ .· ;	State	
Treat Well Follows: Le	ease	1. :	v	حا No. <u>ک</u>	3	Custon	ner Order No	
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to be held lia lied, and no re atment is paya invoicing dep	ble for any dam epresentations ble. There will artment in acco	onsideration hereof it lage that may accrue it have been relied on, a be no discount allower rdance with latest put himself to be duly auth	n connection with sa s to what may be the d subsequent to such lished price schedul	id service or trea results or effect date. 6% intere	tment. Copela of the servicin at will be charg	ind Acid Service g or treating sai ed after 60 days	has made no repro d well. The conside . Total charges are	esentation, expresse eration of said service e subject to correctio
	ST BE SIGNED S COMMENCED_		Well Owner or O	perator		Ву	Agent	,
CODE	QUANTITY	*		DESCRIPTION			UNIT	AMOUNT
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manner u	nder the dire	material has been ction, supervision	n-accepted and and control of the	used; that the ne owner, ope	aboye serv rator or his	ice was perfo agent, whose	ormed in a good a signature app	d and workmanli ears below.
Copeland	Representativ	/e <u> </u>	1-1/					
Station	<u> </u>	ر ما دامی		<del></del> .		Well Owner O	perator or Agent	·
						TTOIL OWING, O	Perater of Agent	