



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

KANSAS CORPORATION COMMISSION 1168402  
 OIL & GAS CONSERVATION DIVISION  
**WELL PLUGGING RECORD**  
 K.A.R. 82-3-117

Form CP-4  
 March 2009

**Type or Print on this Form**  
**Form must be Signed**  
**All blanks must be Filled**

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**

# COPELAND

Acid & Cement

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

Invoice

Page: 1

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

INVOICE NUMBER:  
C34593-IN

BILL TO:  
CARMEN SCHMITT, INC.  
BOX 47  
GREAT BEND, KS 67530

LEASE: SWISHER 1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
08/31/2010	C34593		08/26/2010		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
35.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	3.00	105.00
35.00	MI	CEMENT MILEAGE PU TRUCK		0.00	1.00	35.00
1.00	EA	CEMENT PUMP CHARGE (PLUG)		0.00	600.00	600.00
440.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	4,070.00
9.00	SAX	2% ADDITIONAL GEL		0.00	16.00	144.00
3.00	SAX	CALCIUM CHLORIDE - SAX		0.00	40.00	120.00
850.00	LB	COTTONSEED HULLS		0.00	0.35	297.50
449.00	EA	BULK CHARGE		0.00	1.25	561.25
693.00	MI	BULK TRUCK - TON MILES		0.00	1.10	762.30
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		6,695.05
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		ROOCO Sales Tax:		37.80
		NET 30 DAYS		Invoice Total:		<u>6,732.85</u>

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, Inc.

Gressel Oil Field Service, Inc. 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



FIELD ORDER N° C 34593

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

DATE 8-26-10 20  

IS AUTHORIZED BY: Carmen Schmitt.  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Swisher Well No. 1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Rocks 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
4101	35	mileage pump truck	3. <sup>00</sup> / <sub>ccf</sub>	105. <sup>00</sup> / <sub>ccf</sub>
4101	35	mileage pickup	1. <sup>00</sup> / <sub>ccf</sub>	35. <sup>00</sup> / <sub>ccf</sub>
4100	1	Pump Charge (Plus)		600. <sup>00</sup> / <sub>ccf</sub>
4000	440	64uc wt. 2% sol.	9. <sup>25</sup> / <sub>ccf</sub>	4070. <sup>00</sup> / <sub>ccf</sub>
4001	9	2% acid. sol.	16. <sup>00</sup> / <sub>ccf</sub>	144. <sup>00</sup> / <sub>ccf</sub>
4051	3	Calcium Chloride	<del>33.33</del> <sup>00</sup> / <sub>ccf</sub>	100. <sup>00</sup> / <sub>ccf</sub>
4052	850	Hills	.35	297. <sup>50</sup> / <sub>ccf</sub>
4200	440	Bulk Charge	1. <sup>25</sup> / <sub>ccf</sub>	561. <sup>00</sup> / <sub>ccf</sub>
4201		Bulk Truck Miles $(11.87 \times 35m = 693.75) \times 1.10/ccf$	1. <sup>10</sup> / <sub>ccf</sub>	762. <sup>00</sup> / <sub>ccf</sub>
		Process License Fee on _____ Gallons		
<b>TOTAL BILLING</b>				<b>6695.<sup>00</sup>/<sub>ccf</sub></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 Nathan W.

Station G.B.

Curtis H.  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**



# TREATMENT REPORT

Acid Stage No. ....

Date 8-26-10 District G.A. F. O. No. C34593

Company C. G. Men Schnitt

Well Name & No. Swisher #1

Location \_\_\_\_\_ Field \_\_\_\_\_

County Rowles State KS

Casing: Size 7" 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. 2 3/8" Spung at \_\_\_\_\_ ft.

Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Open Hole Size \_\_\_\_\_ T. D. \_\_\_\_\_ ft. P. D. 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: Std. 300 Sp. \_\_\_\_\_ Twin \_\_\_\_\_

Auxiliary Equipment 317/300/307

Packer: \_\_\_\_\_ Set at \_\_\_\_\_ ft.

Auxiliary Tools \_\_\_\_\_

Plugging or Sealing Materials: Type \_\_\_\_\_

Company Representative Curtis H.

Treater Nathan W.

TIME a.m. / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
5:15	2 3/8"	7"		On Location.
:				
:				Break circulation w/ water.
:				Mix 150 sks. 60/40 per. 4% gel.
:				w/ 3% Calcium Chloride @ 2500'
:				w/ 300# Halls.
:				Mix 150 sks. @ 1800' w/ 300# Halls.
:				Mix 125 sks. @ 800' w/ 300# Halls.
:				Circulated cement to surface.
:				Tie on Annulus. Mix 0 sks. Press.
:				up to 200# Shut in.
7:10				Top off w/ 15 sks.
:				
:				
:				Thank You!
:				Nathan W.