



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

KANSAS CORPORATION COMMISSION 1172452
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.

(Print Name) Employee of Operator or Operator on above-described well,

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

KANSAS CORPORATION COMMISSION



Conservation Division
130 South Market, Suite 2078
Wichita, Kansas 67202-3801
316-337-6200
Fax: 316-337-6211
FEIN: 48-1124839

INVOICE Customer Copy

LOEWEN OPERATOR, INC.
PO BOX 335
208 S. MAIN
CANTON KS 67428

Invoice Date: March 25, 2010
Invoice Number: 2010060970
Fed ID:
Due Date: April 09, 2010

Order Number: 24898

Contact:

Order Date: March 25, 2010

Item	Qty	Acct Code / Service Description	Details	Unit Price	Total
1	2958	505 / Well Plugging > 1077 feet	15-113-01229-0000 UNRUH B 1 1980 S / 4620 E, 25-19S-2W McPHERSON CTY SUNFLOWER WELL SERVICE, INC.	\$0.0325	96.14

KCC Contact: MARCOTTE, MARJORIE

Order Subtotal: \$96.14

IMPORTANT!
Please Return One Copy of Invoice
with Your Payment
in Order to ensure Correct Credit to Your Account.

Order Total: \$96.14

Shipping Charges: 0.00

Invoice Total: **\$96.14**

paid
4-8-2010
w/ck # 1682
M.R.

COPY

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
 Please TYPE Form and File ONE Copy

Form CP-1
 March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 5631
 Name: LOWEN OPERATOR, INC.
 Address 1: P.O. BOX 335
 Address 2: _____
 City: CANTON State: KS Zip: 67428 + _____
 Contact Person: D. D. LOEWEN, PRES.
 Phone: (620) 628-4425

API No. 15 - 113-01229
 If pre 1967, supply original completion date: 4-4-1938
 Spot Description: _____
C - NW SW Sec. 25 Twp. 19 S. R. 2 East West
1,980 Feet from North / South Line of Section
660 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: MCPHERSON
 Lease Name: UNRUH Well #: B-1

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
 Conductor Casing Size: 4 1/2" Set at: 2850' Cemented with: circulated Sacks _____
 Surface Casing Size: 8" Set at: 2312' Cemented with: circulated Sacks _____
 Production Casing Size: 5 1/2" Set at: 2912' Cemented with: 150 Sacks _____

List (ALL) Perforations and Bridge Plug Sets:

Record shows: (1) 8" casing base depth 2312', (2) 6" casing base depth 2616', (3) 5" casing base depth 2912', (4) 4 1/2" liner cemented bottom to top; open hole from 2912' to 2958'.

Elevation: 1538 (G.L. / K.B.) T.D.: 2958' PBTD: _____ Anhydrite Depth: _____
 (Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
 (Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

As per State requirements.

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Not available.

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: D. Loewen or Mike Koehn or Carmon Decker

Address: 208 S. Main, P.O. Box 335 City: Canton State: KS Zip: 67428 + _____

Phone: (620) 628-4425

Plugging Contractor License #: 30280 Name: SUNFLOWER WELL SERVICE, INC.

Address 1: P.O. BOX 341 Address 2: _____

City: CANTON State: KS Zip: 67428 + _____

Phone: (620) 654-8342

Proposed Date of Plugging (if known): March 2, 2010

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 2-25-2010 Authorized Operator / Agent: Douglas H. Loewen, Pres.
 (Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

COPELAND

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

Invoice

Page: 1

Acid & Cement

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

INVOICE NUMBER:
C34461-IN

BILL TO:
 LOEWEN OPERATOR, INC.
 P.O. BOX 335
 CANTON, KS 67428-0335

LEASE: UNRUH B-1

SW Canton

Pump + Cement to plug well

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
03/10/2010	C34461		03/03/2010		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		3/3/10				
1.00	EA	CEMENT PUMP CHARGE PLUG JOB		0.00	600.00	600.00
320.00	SAX	60-40 POZ MIX 4%		0.00	9.69	3,100.80
2.00	SAX	CALCIUM CHLORIDE - SAX		0.00	40.00	80.00
325.00	SAX	60-40 POZ MIX 4%		0.00	9.69	3,149.25
3.00	SAX	CALCIUM CHLORIDE - SAX		0.00	40.00	120.00
100.00	LB	COTTONSEED HULLS		0.00	0.35	35.00
4.00	HR	OPERATOR CHARGE		0.00	75.00	300.00
38.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	3.00	114.00
		3/4/10				
1.00	EA	CEMENT PUMP CHARGE PLUG JOB		0.00	600.00	600.00
125.00	SAX	60-40 POZ MIX 4%		0.00	9.69	1,211.25
770.00	EA	BULK CHARGE		0.00	1.25	962.50
1,287.44	MI	BULK TRUCK - TON MILES		0.00	1.10	1,416.18
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B		Net Invoice: 11,688.98		
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		MCPCO Sales Tax: 94.50		
		NET 30 DAYS		Invoice Total: 11,783.48		

*pd 5.10.10
 inv. 7699*

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



FIELD ORDER N° C 34461

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

DATE March 31 20 10

IS AUTHORIZED BY: Lanier Operating (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well _____
 As Follows: Lease Ureah Well No. B1 Customer Order No. _____
 Sec. Twp. _____
 Range _____ County McPherson 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
		3/3/10		
4100	1	Pump charge for Plug Job		600 ⁰⁰
4000	320 sack	60-40-42 Poz @ 9 ⁰⁰ /sack		3100 ⁸⁰
4051	2 sack	Calcium Chloride @ 40 ⁰⁰ /sack		80 ⁰⁰
4000	325 sack	60-40-42 Poz second load @ 9 ⁰⁰ /sack		3149 ²⁵
4051	3 sack	Calcium Chloride @ 40 ⁰⁰ /sack		120 ⁰⁰
4052	100 ⁰⁰	Corros Seed Halls @ 35 ⁰⁰ /100		35 ⁰⁰
3005	4 Hea	Overage of 4 He mix @ 75 ⁰⁰ /he.		300 ⁰⁰
4101	38 mile	1 way miles @ 3 ⁰⁰ /mile		114 ⁰⁰
		3/4/10		
4100	1	Pump Charge for Plug Job		600 ⁰⁰
4000	125 sack	60-40-42 Poz @ 9 ⁰⁰ /sack		1125 ⁰⁰
4200	770 sack	Bulk Charge @ 125 ⁰⁰ /sack		962 ⁵⁰
5350	53.40/805	Bulk Truck Miles 1227.44 ton miles @ 1 ⁰⁰ /mile		1416 ⁰⁰
		Process License Fee on _____ Gallons		
		TOTAL BILLING		11688.98

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 [Signature]

Station Burton

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. Final Job

Date: 3/3/10 District: Bureau F. O. No. _____
 Company: Lower Operating Co
 Well Name & No.: Wash B-1
 Location: _____ Field: _____
 County: _____ State: _____
 Casing: Size: 4 1/2 13" 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. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size: _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown: _____ 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. 323 Sp. _____ Twin _____
 Auxiliary Equipment _____
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 770 sacks (60-40-40) Poz
100 Halls 55 sacks Calcium Chloride lb.

Company Representative _____

Treater Jerry Dwyer

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:00				3/3/10 On location took 30 min to get turned around
:				To rig up
:			580/5	Inject 5 1/2" Pump 5 Bbls water to clean tubing
:			0	Start mix calcium Chloride Start going down hole
:			6 BBl's	Break circulation. Continue mix & go down hole
:			19 BBl's	No cement return 200 sacks away start down hole
:				Rig down enough to get bulk truck out
11:30			21 BBl's	Go after more cement
2:05				Back on location Rig back up mix up 3 sacks
2:35				Calcium Chloride in 15 BBl's water
2:42			11 BBl's	Inject inside 4 1/2" tie on start mix & go down hole
:				Good cement to surface pull tubing 50 sacks away
3:00			0	Run tubing back down annular did not hit any Blling
:			1 BBl	Start mix & go down hole add 2 bags hulls
:			57 BBl's	Break circulation & mix up 4.7 sacks
3:45				200 sacks away out of cement no cement return
:				wash up clean up truck left Pump truck on location
8:30				3/4/10 On location Tubing 60' down 13"
8:45				Start mix & go down hole
:			24 BBl's	115 sacks good cement to surface Start down
9:05				Run tubing down 4 1/2" tie on 65' Top off
9:10			26 BBl's	2 BBl's slurry 10 sacks 12 1/2 sacks
10:00				wash up truck up left location

SUNFLOWER WELL SERVICE, INC.
P.O. BOX 341
CANTON, KS 67428-0341
PH. (620) 628-4723
FAX (620) 628-7911

INVOICE

TO: LOEWEN OPERATOR
P O BOX 335
CANTON, KS 67428

SW Canton Group

INVOICE	INVOICE NUMBER	LEASE NAME
03-10-10	1480	Unruh B-1

DATE	DESCRIPTION	UNIT PRICE	TOT INV
------	-------------	------------	---------

03/02/10	MOVED TO LOCATION: Rigged up, Ran bailer, Found T.D. at 2912', Dumped 120 Gallons of sand, Had surface head dug out, Found 13" surface, Shut down. Rig & Crew 8 hrs	\$185 per hr	\$1,480.00
03/03/10	Ran bailer, Found sand at 2860', Dumped 5 sacks of cement on Bottom with bailer, Ran tubing down surface to 311', Stacked Out at 311', Broke circulation, Pumped 320 sacks of cement, Did to see cement to surface, Pulled tubing, Waited for 3 hours, Ran tubing back down surface, Stacked out at 311', Pulled Tubing, Ran tubing down casing to 400', Circulated cement to Surface, Pulled tubing, Ran tubing down surface to 311', Pumped 270 sacks of cement, Did not see cement to surface, Pull tubing, Shut down. Rig & Crew 10 hrs	\$185 per hr	\$1,850.00

THANK YOU FOR YOUR BUSINESS !!!!

Plug well.

SubTotal	\$3,330.00
Sales Tax 7.3%	243.09
TOTAL	\$3,573.09

TERMS: NET 30 1.5% WILL BE ADDED AFTER 30 DAYS FROM DATE OF INVOICE. PLEASE PAY FROM THIS INVOICE.

*pd. 5.10.10
UNK. 1701*

SUNFLOWER WELL SERVICE, INC.

1480

COMPLETION—WORKOVER—ROD & TUBING SERVICE
408 N. 4TH STREET, P.O. BOX 341, CANTON, KS 67428

Company Loewen operator
 Lease Unruh B-1 Well _____
 Unit 3 Oper. B.D Prod. well _____ New well _____ Inj. well _____

DATE	WORK DONE	HRS.	AMOUNT
3-2-10	Moved to location. Rigged up. Ran bailer found T.D at 29 1/2' dump 120 gal's of sand. Had surface head dug out. found 13" surface. Shut down.		
	R. S & crew	8	1,480.00
3-3-10	Ran bailer found sand at 2,860' dump 5 s/k of c/m on bottom with bailer. Ran tubing down surface to 311'. Stack out at 311'. Broke circulation. pump 320 s/k of c/m. Did not see cement to surface. Pulled tubing. Wait for 3 hour. Ran tubing back down surface. Stack out at 311'. Pulled tubing. Ran tubing down casing to 400' circulated c/m to surface. pulled tubing. Ran tubing down surface to 311' pump 270 s/k of c/m. Did not see cement to surface. Pulled tubing. Shut down.		
	R. S & crew	10	1,850.00
	EXTRA EQUIPMENT & SUPPLIES		
	R. S & crew		
	Power tongs		
	Kero. & Paint		
	Swab Cups		
	Other:		
	SUB TOTAL		3,330.00
	TAX		243.09
	TOTAL		3,573.09

WELL RECORD

Pulled	RODS	Ran	Pulled	TUBING	Ran
	1			3"	
	7/8			2 1/4	
	3/4			2	
	5/8			subs	
	subs			subs	
	subs			barrell	
	pump			sn	
				perf.	
				ma	

SUNFLOWER WELL SERVICE, INC.
P.O. BOX 341
CANTON, KS 67428-0341
PH. (620) 628-4723
FAX (620) 628-7911

INVOICE

TO: LOEWEN OPERATOR
P O BOX 335
CANTON, KS 67428

SW Canton Group

INVOICE	INVOICE NUMBER	LEASE NAME
03-10-10	1481	Unruh B-1

DATE	DESCRIPTION	UNIT PRICE	TOT INV
03/04/10	Ran tubing down surface, Found cement at 60', Circulated Cement to surface, Pulled and ran tubing down casings, Found Cement at 60', Circulated cement to surface, Rigged down.		
	Rig & Crew 4 hrs	\$185 per hr	\$740.00
	Power tongs		\$ 50.00
	Rental for 400' of tubing		\$200.00
	5 Sacks of cement		\$ 60.00
	Sand for bottom and water		\$ 30.00

THANK YOU FOR YOUR BUSINESS !!!!

plug well

SubTotal \$1,080.00
Sales Tax 7.3% 78.84
TOTAL \$1,158.84

TERMS: NET 30 1.5% WILL BE ADDED AFTER 30 DAYS FROM DATE OF INVOICE. PLEASE PAY FROM THIS INVOICE.

*pd. 5.10.10
(MR. 1701)*

