

# 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)

# 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
		<b>3/3/10</b>				
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
		<b>3/4/10</b>				
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: <b>11,783.48</b>		

*pd 5.10.10  
 inv. 7/6/99*

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



FIELD ORDER N<sup>o</sup> 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 Ureuh 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 <sup>00</sup>
4000	320 sack	60-40-42 Poz @ 9 <sup>00</sup> /sack		3100 <sup>80</sup>
4051	2 sack	Calcium Chloride @ 40 <sup>00</sup> /sack		80 <sup>00</sup>
4000	325 sack	60-40-42 Poz second load @ 9 <sup>00</sup> /sack		3149 <sup>25</sup>
4051	3 sack	Calcium Chloride @ 40 <sup>00</sup> /sack		120 <sup>00</sup>
4052	100 <sup>00</sup>	Corros Seed Halls @ 35 <sup>00</sup> /11		35 <sup>00</sup>
3005	4 Hea	Overage of 4 Hea @ 75 <sup>00</sup> /he.		300 <sup>00</sup>
4101	38 mile	1 way miles @ 3 <sup>00</sup> /mile		114 <sup>00</sup>
		3/4/10		
4100	1	Pump Charge for Plug Job		600 <sup>00</sup>
4000	125 sack	60-40-42 Poz @ 9 <sup>00</sup> /sack		1811 <sup>25</sup>
4200	770 sack	Bulk Charge @ 125 <sup>00</sup> /sack		962 <sup>50</sup>
5350	53.40/805	Bulk Truck Miles 1227.44 @ 1 <sup>00</sup> /mile		1416 <sup>12</sup>
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		<b>11688.98</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 [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 Bbl. Water to clean tubing
:			0	Start mix calcium Chloride Start going down hole
:			6 BBl	Break circulation. Continue mix & go down hole
:			19 BBl	No cement return 200 sacks away start down wash up
:				Rig down enough to get bulk truck out
11:30			21 BBl	Go after more cement
2:05				Back on location Rig back up mix up 3 sacks
2:35				Calcium Chloride in 15 BBl water
2:42			11 BBl	Inject inside 4 1/2" tie on start mix in 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 in go down hole add 2 bags hulls
:			57 BBl	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	15 sacks good cement to surface Shut down
9:05				Run tubing down 4 1/2" tie on 65' Top off
9:10			26 BBl	2 BBl slurry 10 sacks 12 1/2 sacks
10:00				wash up back 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)*



