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

1175906

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1: Address 2:	Sec Twp S. R East West
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
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) T.D	NE NW SE SW County:
Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.	Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
Formation	ormation Content		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	J Fees:			
State of	County,	, SS.		
	(Print Name)		f Operator or Operator on a	
haing first duly sugar an asthe says. The	at I have knowledge of the feate	statements and matters harain contained	and the lag of the chave describe	d wall is as filed and

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

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Page: 1

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HAY SVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

PC

⁻ OFFICE BOX 438

Acid & Cement

BURRTON, KS ¢ (620) 463-5161 FAX (620) 463-2104

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

.

JUN 2 2 2012

INVOICE NUMBER: C39697-IN

LEASE; DURANT #1

BILL TO: VESS OIL CORP ATTN: BILL HORIGAN **1700 WATERFRONT PARKWAY BLDG 500** WICHITA, KS 67206

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SPECIAL INSTRUCTIONS		
06/21/2012	C39697		06/14/2012			NET 30		
QUANTITY	U/M	ITEM NO./DE	ESCRIPTION		D/C	PRICE	EXTENSION	
50.00	MI	CEMENT MILEA	GE PUMP TRUCK		0.00	4.00	200.00	
50.00	мі	CEMENT MILEAGE PU TRUCK			0.00	2.00	100.00	
1.00	EA	CEMENT PUMP	CHARGE		0.00	650.00	650.00	
320.00	SAX	60-40 POZ MIX 2	2% GEL		0.00	9.25	2,960.00	
7.00	SAX	2% ADDITIONAL	_ GEL	· · · · · · · · · · · · · · · · · · ·	0.00	22.00	154.00	
327.00	EA	BULK CHARGE			0.00	1.25	408.75	
704.00	MI	BULK TRUCK - "	TON MILES		0.00	1.10	774.40	
				τ, τ. τ.				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARG MILEAGE, PUM	COP ge is not taxable ani p and or delivery ch	D IS ADDED TO ARGES ONLY.	, KIN	Net Invoice: NCO Sales Tax: Invoice Total:	5,247.15 45.83 5,292.98	
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.

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

	will		Ć	TREATMEN	T REPORT	Ć		
بمر	Cemer	it 🕮 👘						Acid Stage No.
Date C./.		utrict 61	Later	, <u>no.37697</u>	1	Bbl./Gal		Sand Size Pounds of Saud
Well Nume & Location	1	<u>, st. is //</u>	Fleid	5	 Flush	Bbl. /Cal Bbl. /Gal		
	<i>i</i>		Perf	Set atft.	from from	ft, to.		
Formation: Liner: Sixe Cen	Type & W nented: Yes/No.	't Perforated fro	Top stft	toft. Bottom utft. ft. toft.	Pump Trucks, No. Us Auxiliary Equipment .	ied: S(d	8p	Twin
Per	rforated from		fi, to		Auxiliary Tools Plugging or Bealing M	uterials: Type		
	Representativ			3. (0	_ Treater	e SA.		
TIME a.m /p.m.	and the second	SURES Casing	Total Fluid Pumped	e ne	<u> </u>	R E M A R K S		
7:15				Muy 35	spils a	1 125	01	
<u>E :42</u> :				Mix 35	5 AC16 a			
4:15				Circula	<u>te at 300</u>	. 1	Dack	
<u>452</u> 				- Ju	t long	1-tte		rels
							320	Spc 15
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