



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

KANSAS CORPORATION COMMISSION 1179498
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.
 _____ 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

Log Tech of Kansas, Inc.

P. O. Box 885

Great Bend, KS 67530

620-792-2167

Statement

Date
9/1/2011

To:
Mark Connell 606 West Albro Clafin, Ks 67525

PAID
9/18/11 17961

		Amount Due	Amount Enc.		
		\$650.00			
Date	Transaction	Amount	Balance		
07/31/2011	Balance forward		0.00		
08/02/2011	INV #6642.	650.00	650.00		
<i>Current</i>					
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	0.00	650.00	0.00	0.00	\$650.00

LOG-TECH OF KANSAS, INC.

86 SW 10 AVE.
 GREAT BEND, KANSAS 67530
 (620) 792-2167

INVOICE
6642

Date 8-2-2011

CHARGE TO: Mark Connell
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. 2 volarek #2 FIELD _____
 NEAREST TOWN Wilson COUNTY Ellsworth STATE K.S.
 SPOT LOCATION _____ SEC. 6 TWP. 16s RANGE 10w
 ZERO Ground level CASING SIZE 4 1/2 WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
 ENGINEER Lance Grieg OPERATOR M Montes

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
<u>OWEN HSC (312C-302)</u>	<u>2</u>		<u>380</u>	<u>850⁰⁰</u>

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			

MISCELLANEOUS

Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>550⁰⁰</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

Customer Signature _____ Date _____

Sub Total	<u>1400⁰⁰</u>
Code Ref. Tool Insurance	
Tax	<u>(750⁰⁰)</u>
	<u>650⁰⁰</u>

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: 3682
Name: Mark Connell
Address 1: 606 west Albro
Address 2: _____
City: Claflin State: KS Zip: 67525 + 9234
Contact Person: Mark Connell
Phone: (620) - 786-1228

API No. 15 - 053-20,944
If pre 1967, supply original completion date: 4/85
Spot Description: _____
NW NW NE Sec. 6 Twp. 16S R. 10 East West
4950 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellsworth
Lease Name: Zvolanek Well #: 2

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8 Set at: 337 Cemented with: 210 Sacks
Production Casing Size: 5 1/2 Set at: 3302 Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:

4/85 980-981, 4hpf, squeeze job
7/11 2999-3009, 2hpf
7/11 set CIBP at 3050, 12ft sand in open hole

Elevation: 1805 (G.L. / K.B.) T.D.: _____ 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):

well squeezed 4/85, 350sx at 980
well squeezed 5/85, 350sx at 850 and 1490
perforate per KCC, run tubing and plug coming out

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

If ACO-1 not filed, explain why:

N/A*

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: Mark Connell

Address: 606 West Albro City: Claflin State: KS Zip: 67525 + 9234

Phone: (620) 786-1228

Plugging Contractor License #: 30081 Name: Anshutz Oil Company

Address 1: 785 4th Rd Address 2: _____

City: Wilson State: KS Zip: 67439 + _____

Phone: (785) 658-3528

Proposed Date of Plugging (if known): 7/22/11

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

Date: _____ Authorized Operator / Agent: _____
(Signature)

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

PAID
 8/25
 11
 17936

CONNELL, MARK ALLEN
 606 W ALBRO ST.
 CLAFLIN

KS 67525

Invoice Date: August 23, 2011

Invoice Number: 2012060240

Fed ID:

Due Date: September 07, 2011

Order Number: 26804		Contact:		Order Date: August 23, 2011	
Item	Qty	Acct Code / Service Description	Details	Unit Price	Total
1	3309	505 / Well Plugging > 1077 feet	15-053-20944-0000 ZVOLANEK 2 6-16S-10W	\$0.0325	107.54
<i>KCC Contact: MARCOTTE, MARJORIE</i>				Order Subtotal:	\$107.54

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

Order Total: \$107.54
Shipping Charges: 0.00

Invoice Total: \$107.54

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:
C36998-IN

BILL TO:
MARK CONNELL
606 W ALBRO STREET
CLAFLIN, KS 67525-9234

LEASE: ZVOLANEK #2

PAID
 8/18
 11 1923

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
08/16/2011	C36998		08/09/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
38.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	152.00
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
70.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	647.50
2.00	SAX	2% ADDITIONAL GEL		0.00	16.00	32.00
10.00	GAL	CALCIUM CHLORIDE - LIQUID		0.00	8.00	80.00
4.00	SAX	GEL		0.00	16.00	64.00
1.00	EA	MIN. BULK CHARGE		0.00	150.00	150.00
1.00	MI	MIN. BULK TRUCK - TON MILES		0.00	150.00	150.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		1,925.50
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		ELSCO Sales Tax:		47.45
RECEIVED BY _____		NET 30 DAYS		Invoice Total:		<u>1,972.95</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
 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



FIELD ORDER N° C 36998

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

DATE 8/9 2011

IS AUTHORIZED BY: MARK POWELL
(NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well _____
As Follows: Lease ZVOLANCK Well No. #2 Customer Order No. _____
Sec. Twp. _____
Range _____ County Ellsworth 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 _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	38 miles	mileage charge	4. ⁰⁰ / ₁₀₀	152. ⁰⁰ / ₁₀₀
	1	Pump Charge (Plus)		650. ⁰⁰ / ₁₀₀
	70	60% per. 20% sol	9. ²⁵ / ₁₀₀	647. ⁵⁰ / ₁₀₀
	2	20% add. sol	16. ⁰⁰ / ₁₀₀	32. ⁰⁰ / ₁₀₀
	10	Calcium Chloride (liquid)	5. ⁰⁰ / ₁₀₀	50. ⁰⁰ / ₁₀₀
	4	Gel	16. ⁰⁰ / ₁₀₀	64. ⁰⁰ / ₁₀₀
	70	Bulk Charge	m.m.	150. ⁰⁰ / ₁₀₀
		Bulk Truck Miles 3.15 T x 55m - 170.5417m x 1. ¹⁰ / ₁₀₀	m.m.	150. ⁰⁰ / ₁₀₀
		Process License Fee on _____ Gallons		
TOTAL BILLING				1,975. ⁰⁰ / ₁₀₀

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 To Seth
Station GB

MARK
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

