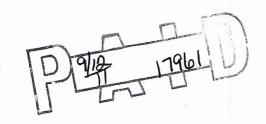
Statement

Log Tech of Kansas, Inc. P. O. Box 885 Great Bend, KS 67530 620-792-2167

Date 9/1/2011

То:	
Mark Connell 606 West Albro Claflin, Ks 67525	



				Amount Due	Amount Enc.
Date	-	Transaction		Amount	Balance
07/31/2011 08/02/2011	07/31/2011 Balance forward			650.00	0.00 650.00
	A A				
CURRENT	1-30 DAYS BAST	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.

86 SW 10 AVE. GREAT BEND, KANSAS 67530

(620) 792-2167

6642

			Date 8-2					
CHARGE TO: Mark	Connell							
ADDRESS								
R/A SOURCE NO	CUSTOME	R ORDER NO						
LEASE AND WELL NO. 2 VO	lanek #2	FIFED						
CHARGE TO: Mark (onell ADDRESS								
SPOT LOCATION	SEC	TIME	1/ 0	IAIE K.)				
ZERO Ground level	CASING SIZE 4/2	IVVP.	-/ (os KAN	IGE 10W				
CUSTOMER'S T.D.	LOG TECH		WEIGHT	1				
CUSTOMER'S T.D	OPERA	TOR M	_ PLUID LEVEL					
	PERFORATING		7 (8%) F	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
De	scription		From Depth To	1.				
OWEN HIC	(3125-302)			Amount				
	(3/25-302)		380	850 gc				
			3					
				A.S. I				

	DEDTH AND OPERATIONS							
December	DEPTH AND OPERATIONS							
Descript	on	From Depth To	O Total Price No. Ft. Per Ft.	Amount				
and the second second								
	MISCELLANEOUS							
	Description		0 :::					
Service Charge			Quantity	Amount				
			/	550				
PRICES SUBJECT TO CORRECTION BY BII	LING DEPARTMENT							
				11/0000				
RECEIVED THE ABOVE SERVICES ACCOR AND CONDITIONS SPECIFIED ON THE REV	DING TO THE TERMS	··········	Sub Total	1400 -				
WE HEREBY AGREE.	ERSE SIDE TO WHICH Code Ref	l	Tool Insurance					
			Тах	(mm an)				
y Justomer Singalus	i.com.			(750 00)				
ustomer Signature	Date			/				
				550 00				

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		If pre 1967, supply original completion date: 4/85 Spot Description:				
Address 2:				6 Twp. 16s R 10 [East X We		
		S Zip: 67525 + 9234	4950 Fee	et from North / X South	Line of Section		
Contact Person: Mark		2310Fee	et from X East / West	Line of Section			
Phone: (620) -786-				n Nearest Outside Section Cor	ner:		
/ 110110. \				NW SE SW			
			County: EIISW	orth anek well#: 2			
			Lease Name:	Well #: 2_			
Check One: $\begin{tabular}{c} X \end{tabular}$ Oil Well	Gas Well O	D&A Cathod	lic Water Supply Well	Other:			
SWD Per		ENHR Permit #:					
Conductor Casing Size:		Set at:	Cemented with:	1	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 Brid	ge Plug Sets:				Odoks		
7/11 29	0-981,4hpf,s 99-3009,2hpf t CIBP at 30	queeze job 150, 12ft sand i	n open hole				
Condition of MbII:		Λ	mydrite Deptin.	(Stone Corral Formation)			
well sque well sque perforate	etach a separate page if add eezed 4/85,3 eezed 5/85,3 e per KCC, r	50sx at 980 50sx at 850 and un tubing and p	1490 lug coming out				
	lication? X Yes No	ls ACO-1 filed? Yes	X No				
If ACO-1 not filed, explain why: N♠n [®]							
Plugging of this Well will be do	one in accordance with K	S.A. 55 101 of oan and the D. I.					
Company Representative author	rized to supervise plugging	.S.A. 55-101 <u>et. seg</u> , and the Rule operations: <u>Mark Conn</u>	s and Regulations of the State	Corporation Commission			
Address: 606 West	Albro	City:	Claflin	KS 67525	0224		
Phone: (<u>620</u>) <u>786-1</u> ;	228	Oily.	State:	Zip: 07323	+ 3234		
Plugging Contractor License #:	30081	Nama	Anshutz	Oil Company			
Address 1: 785 4t	h Rd	Address	- Inisiruez	OII COmpany			
City: Wilson		Addies:	5 2.	KS 67430			
Phone: (785) 658-35			State:	Zip: 07439	+		
Proposed Date of Plugging (if k							
Payment of the Plugging Fee (K	(.A.R. 82-3-118) will be au	aranteed by Operator or Agent					
		t:					
			(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

CONNELL, MARK ALLEN 606 W ALBRO ST. CLAFLIN

KS 67525

INVOICE Customer Copy

Invoice Date:

August 23, 2011

Invoice Number: 2012060240

Fed ID:

Due Date:

September 07, 2011

Orde	r Numb	er: 26804	Contac	t:	Order Date: August	23, 2011
Item	Qty	Acct Code / Service	ce Description	Details	Unit Price	Total
1	3309	505 / Well Pluggin	g > 1077 feet	15-053-20944-0000 ZVOLANEK 2 6-16S-10W	\$0.032	5 107.54
KC	C Conta	ct: MARCOTTE,	MARJORIE	Order Subto	tal:	\$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

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

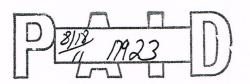
(620) 793-3366 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:

C36998-IN

BILL TO:

MARK CONNELL **606 W ALBRO STREET** CLAFLIN, KS 67525-9234 LEASE: ZVOLANEK #2



	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	DER SPECIAL INSTRUCTIONS		
08/16/2011	C36998		08/09/2011			NET 30		
QUANTITY	U/M	ITEM NO./DE	ESCRIPTION		D/C	PRICE	EXTENSION	
38.00	MI	CEMENT MILEA	CEMENT MILEAGE PUMP TRUCK			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 CHLOR	RIDE - LIQUID		0.00	8.00	80.00	
4.00	SAX	GEL			0.00	16.00	64.00	
1.00 E	ĒΑ	MIN. BULK CHAR	MIN. BULK CHARGE			150.00	150.00	
1.00 N	ΛI	MIN. BULK TRUCK - TON MILES		0.00	150.00	150.00		
REMIT TO:			COP					
P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: ELSCO Sales Tax: Invoice Total:		1,925.50 47.45 1,972.95		
RECEIVED BY		N	ET 30 DAYS		1,0			

"per month" (18% annual rate) on all accounts over 30 days past due.



FIELD ORDER Nº C 36998

		BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225	3/0	
		DATE_	5/9	20//
SAUTHORI	ZED BY:	MARIE LUNNELL		
Address		(NAME OF CUSTOMER) City	State	
	Lease Z	11/2011 #2	stomer Order No.	
Sec. Twp. Range		County Ellswooth	State _/	15
of to be held in nplied, and no eatment is pay ur invoicing de The undersi	representations vable. There will epartment in accompand represents	consideration hereof it is agreed that Copeland Acid Service is to service or treat at ow mage that may accrue in connection with said service or treatment. Copeland Acid Ses have been relied on, as to what may be the results or effect of the servicing or treating it be no discount allowed subsequent to such date. 6% interest will be charged after 60 cordance with latest published price schedules.	rvice has made no repre	sentation, expressed
HIS ORDER MU EFORE WORK	IST BE SIGNED IS COMMENCED			
CODE	CHANTITY	Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	COST	AMOUNT
	50,	miles mileage Charge	H	152
				. 61
		trong Cherco (May)		050,
	70.	Cey yes	0.751	1117 50
	7	Tey and the se	11, 001	0 W/
		Com Contract.	16.	5 h.,
	10	(claim Chloride (liquid)	6001	(1)
	ч	Gel (ciacia)	16001	11100/
			10.	O-H
		The Control of the Co		
			1	
	72	Bulk Charge	MA YELL	150.00
		Bulk Truck Miles 3.15 T x 38 = 170.5 1 1 m x 1 101	Marie San	150.50
		Process License Fee onGallons		
		TOTAL BILL	NG	1.975 50
maimer u	nat the above nder the dire Representativ	e material has been accepted and used; that the above service was perceion, supervision and control of the owner, operator or his agent, where	erformed in a good ose signature appe	and workmanlike ars below.
		CA MARK		
Station			r, Operator or Agent	

NET 30 DAYS



TREATMENT REPORT

0	la la		\supset	21000	Type Treatment: Am	it.	Type Fluid	Sand Size	Pounds of Sand
Date 0	9/// 1	jutrict O	<u>,</u>	0. No. J6718	Bkdown	Bbl. /Gal			
Company.	MARK C	ONNE 1/							
Well Name &	No. ZUO	Arek	#2		•••••				
Location			Field	<i>/</i>					
County	-1/5 WOI	at h	State /	5	Flush				
					Treated from				
Casing: Size.	0/2	Type & Wt		Set at			0		
Formation:			Perf	to			o		
Formation:			Perf	to					
Formation:			Perf	to	Actual Volume of Oil /	Water to Load I	Hole:		Bbl. /Gal.
				t. Bottom atft.	Pump Trucks. No. Use	ed: Std.	¥n.	Ph	_
		/		ft. toft.	Auxiliary Equipment				
				ft.	Packer:				
	a Contract and America	/		ft.					
					Auxiliary Tools				
Onen Hole Sie	re	T D	# D	B. toft.					
An atore of						-		GH.IR	lb.
Company	Representativ	MAR	rd long	Je]/	Treater // Mc	Dette			
TIME	NAME OF TAXABLE PARTY.	SURES			_ Treater	0.770			
a.m /p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS			
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