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** 

1213093

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:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic   Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #:   ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) Storm: T.D. Storm: T.D.   Depth to Top: Bottom: T.D. Storm: T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: ( <i>Date</i> ) by: ( <i>KCC District Agent's Name</i> ) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom: T.D	

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

Oil, Gas or Water	Records	Casing Record (Surface, Conductor & Production)			tion)
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:	Name:					
Address 1:		Address 2:						
City:		State:	Zip:	+				
Phone: ( )								
Name of Party Responsible for Plug	gging Fees:							
State of	County,	, SS.						
	(Print Name)		tor or Operator on a					
haing first duly sugars an asthe says	That I have be available of the faste	atotomonto, and matters barain contained, and the	log of the chour describe	dwall 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



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

### Acid & Cement

(620) 463-5161 FAX (620) 463-2104

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

INVOICE NUMBER: C40039-IN

Page: 1

LEASE: JOHNSON 1

Invoice

BILL TO: KING OIL OPERATIONS **RODNEY KING** 696 D FAIRGROUNDS RD ELLIS, KS 67637

DATE	ORDER	ORDER SALESMAN ORDER DATE PURCHASE ORDER		SPECIAL IN	STRUCTIONS		
04/15/2014	C40039		04/10/2014			NE	ET 30
QUANTITY	U/M	ITEM NO./D	ESCRIPTION		D/C	PRICE	EXTENSION
50.00	МІ	CEMENT MILEA	GE PUMP TRUCK		0.00	4.00	200.00
50.00	MI	CEMENT MILEA	GE PU TRUCK		0.00	2.00	100.00
1.00	EA	CEMENT PUMP	CHARGE		0.00	650.00	650.00
145.00	SAX	60-40 POZ MIX	2% GEL		0.00	10.00	1,450.00
3.00	SAX	2% ADDITIONA	L GEL		0.00	22.00	66.00
148.00	EA	BULK CHARGE			0.00	1.25	185.00
326.50	MI	BULK TRUCK -	TON MILES		0.00	1.10	359.15
							4
						gard all	JA Z
<b>REMIT TO:</b> P.O. BOX 438			СОР		MCP	Net Invoice: CO Sales Tax:	3,010.1
HAYSVIL	LE, KS 67060	FUEL SURCHARC MILEAGE, PUMI	GE IS NOT TAXABLE AN P AND OR DELIVERY CF	D IS ADDED TO IARGES ONLY.	MCP	Invoice Total:	3,056.6
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.

# Acid & Cement

#### FIELD № C 40039 ORDER

# BOX 438 • HAYSVILLE, KANSAS 67060

	310-524-1225	DATE	20
IS AUTHORIZED BY:	(NAME OF CUSTOMER)		
Address	City	State	
To Treat Well As Follows: Lease	Well No	Customer Order No	
Sec. Twp. 14-13-3-3- Range	County Mathewson	State	45

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.

Bu

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED

DEI ONE WONK	15 COMMENCED	Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	50	milerse pump druck	U	700,
2	50	rilease protop	2.	100.00
- former				
2	1	Pump Chase - Plus		650.7
2	145	6°/un por 2°6 get	10.00	1,950,
2	3	2% add. gel.	72.04	66.
A. Street Bar	Contraction of the second			
				4
2	148	Bulk Charge	1, 25 /	185
2		Bulk Truck Miles 6.53T × 50m = 376.57m × 1.101	1,01	359, 57
		Process License Fee onGallons		151
		TOTAL BILLING		3,010.

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 Michae bur

Station

e150 Well Owner, Operator or Agent

Remarks\_

**NET 30 DAYS** 

# Acid & Cement

### TREATMENT REPORT

Acid Stage No.

	Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	s of Sand
Date 4/10/2014 District G.B. F.O. No. C40039	Bkdown	Bbl./Gal.				
Company King Oil		Bbl./Gal.				
Well Name & No. Johnson #1	and the second	Bbl./Gal.	-		<u>a state</u>	
Location Field		Bbl./Gal.				
County Mcpherson State KS	Flush	Bbl./Gal				
	Treated from	ft. to	»	ft.	No. ft.	0
Casing: Size 5.5" Type & Wt Set at	ft. from	ft. t		ft.	No. ft.	0
Formation: Perf. to	from	ft. t		ft.	No. ft	0
Formation: Perf to	Actual Volume of Oil	/ Water to Load Hole:				Bbl./Gal.
Formation: Perf. to						
Liner: Size Type & Wt. Top atft. Bottom at	ft. Pump Trucks. No	o. Used: Std. 320	) Sp.		Twin	
Cemented: Yes Verforated from ft. to	ft. Auxiliary Equipment		3	60/310		
Tubing: Size & Wt. Swung at	ft. Personnel Nathan	Greg Mike				_
Perforated fromft. to	ft. Auxiliary Tools					
	Plugging or Sealing N	laterials: Type				
Open Hole Size T.D. ft. P.B. to	ft.			Gals		lb

Company Re	presentative		Kelso	Treater	Nathan W.
TIME PRESSURES		Total Fluid Pumped		REMARKS	
a.m./p.m.	Tubing	Casing		On Location	
1:00		5.5"		On Location.	
				Mix 35sks 60/40poz 4% Gel	at 500'
				1VIIX 333K3 00/ 40p02 4/0 Gel	
2:00				Mix 110sks at 325' Circulate	ed cement to surface.
				Thank You!	
				Nathan W.	
	and the second second				