



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

KANSAS CORPORATION COMMISSION 1213879
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



TREATMENT REPORT

Acid Stage No: PT

Date: 7/11/14 District: Bulletts F. O. No.
 Company: Servco Well Name & No.: Yard 240C-1-4
 Location: Field:
 County: Wagon Wheel State: TX
 Casing: Size: Type & Wt.: Set at: ft.
 Formation: Perf.: to ft.
 Formation: Perf.: to ft.
 Formation: Perf.: to ft.
 Liner: Size: Type & Wt.: Top at: ft. Bottom at: ft.
 Cemented: Yes/No, Perforated from: ft. to ft.
 Tubing: Size & Wt.: 2 3/8 Swung at: 1050 ft.
 Perforated from: ft. to ft.
 Open Hole Size: T.D.: ft. P.U. to: ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Blowdown: 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 Hub: Bbl./Gal.
 Pump Trucks, No. Used: Hyd: 323 Bbl. Twin:
 Auxiliary Equipment: Bank 322 TT 133
 Packers: Set at: ft.
 Auxiliary Tools:
 Mudding or Sealing Materials: Type: Sand Class A Cement
2500 CC Size: lb.

Company Representative:

Treater: [Signature]

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:45				On loc 33A Rig up Rig with 5 1/2 inch
4:00				Mix 2500 Calcium Chloride in 1st 800 Water
4:30			0	Tubing in 1050' tie on tubing head over mud
			1288	Bank mix start mixing acid down hole 5/8 sack 3 1/2
			688	50 sacks away speed should be 1/2 inch
			1288	9088 mud 1st cement fall rock at way
				Wash up truck
4:50			0	tie on 10710' steel mixing of 5/8 sack slurry 3 1/2
			988	Bank 2100
			788	55 sacks away flush w/ 3 1/2 sack mud
5:00			1088	help fall rock at way
				Wash up truck
6:00				Tag cement by tubing solid bottom hole 120' fall up
			0	tie on 10710' steel mixing of 5/8 sack slurry 3 1/2
6:30			24	110 sacks away flush w/ 3 1/2 sack mud
				fall tube mud
6:55				Top off 2 1/2
				Wash up



FIELD ORDER No C 40887

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

DATE July 7 20 14

IS AUTHORIZED BY: Sand Ridge / Tim Well Service
(NAME OF CUSTOMER)
Address PO Box 340 City Dover State OK 73034
To Treat Well As Follows: Lease Kate Well No. 3406-1-4 Customer Order No. _____
Sec. Twp. Range H 34 6W County Harper State OK

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. 8% 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 _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pump clamp for plug slab		650 ⁰⁰
	210	Sack Cement Class A Cement 12" / sack		2520 ⁰⁰
	5	Bags Calcium Chloride 90 ⁰⁰ / bag		150 ⁰⁰
	9	mils luxury mileage @ 100 ⁰⁰ / hr		368 ⁰⁰
	5	hrs Overhaul @ 100 ⁰⁰ / hr		500 ⁰⁰
	10	hrs Tank Touch @ 95 ⁰⁰ / hr		950 ⁰⁰
	210	40 Bulk Charge @ 12 ⁰⁰ / sack		2520 ⁰⁰
	40	0X Bulk Truck Miles @ 11 ⁰⁰ / ton mile		440 ⁰⁰
		Process License Fee on Gallons 15X		150 ⁰⁰
TOTAL BILLING				6888 ⁰⁰

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 Burston Well Owner, Operator or Agent _____

Remarks See plug job. NET 30 DAYS