



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

KANSAS CORPORATION COMMISSION 1216436
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

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

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

Invoice

INVOICE NUMBER:
C42851-IN

BILL TO:
SANDRIDGE/TITAN WELL SERVICE
P.O. BOX 340
DOVER, OK 73734

Nancy
 LEASE: **NANEY 3507 1-10**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
07/21/2014	C42851		07/18/2014		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
215.00	SAX	COMMON CEMENT		0.00	12.00	2,580.00
11.00	HR	OVERAGE OF 4 HR MIN.		0.00	100.00	1,100.00
102.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	408.00
5.00	SAX	CALCIUM CHLORIDE - SAX		0.00	30.00	150.00
7.00	HR	TANK TRUCK		0.00	95.00	665.00
215.00	EA	BULK CHARGE		0.00	1.25	268.75
1,030.71	MI	BULK TRUCK - TON MILES		0.00	1.10	1,133.78
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COB FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 6,955.53 HARCO Sales Tax: 148.52 Invoice Total: <u><u>7,104.05</u></u>		
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.



TREATMENT REPORT

Acid Stage No. RT

Date: 7/18/14 District: Burrton F. O. No. _____
 Company: Subtract Titan Well Services
 Well Name & No.: Nancy 3507 # 1-10
 Location: S 10 Twp 33 N W Field
 County: Harpe State: IA

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Bkdown	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.	

Casing: Size 5 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 Spung at 4000 ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T. I. _____ ft. P. I. to _____ ft.

Actual Volume of Oil/Water to Load Hole: 68 mudd (bbl) / gal.
 Pump Trucks No. Used: Std. 323 Sp. _____ Twin _____
 Auxiliary Equipment Bulk tank 302 J.T. 132
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type Sacks Class H Cem
250# CC (lb.) _____

Company Representative _____

Treater Myr B

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
7:45				Pump truck on location USA - move trucks around to get in + rig up
8:05				Rig up to eye mud.
8:15			0	Start mud 5 RPM rate.
8:29			0	Break pipe slow down to 3 RPM for get.
8:40			92 BBL	Good thick mud to surface shut casing in pressure up 1000' + held 5 min.
8:55				Release pressure start pulling tube
				Pick up on casing work. Shoot 5' 1496' work for lay down casing up + run tubing back in to good
3:30			0	Tie on tubing load well w/ mud.
			15 BBL	In load. Bulk tank on loc. @ 3:45
3:50			0	Start mixing gas down hole 5/8 sack slurry @ 5 RPM
3:53			10 BBL	50 sacks only wash up gas down hole
			14 BBL	Let cement to fall rest of acid pull tubing to 900'
				Mix up 250# Calcium Chloride in 10 BBL water
4:05			0	Start mixing gas down hole 5/8 sack slurry hard to slow down to 3 RPM to keep mud from gelling everywhere.
4:15			12 BBL	60 sacks hot ply amp wash up down hole
4:25			15 BBL	Let cement fall out pull tubing out
4:35				Run tubing back in to 700'
4:35				Pull tubing up to 300'
4:35			0	Start mixing gas down hole
			63 BBL	Break acid on 800'
			81 BBL	105 sacks enough good cement to surface.
				Pull tubing tube out @ 3/8
				Wash up tube down
6:30				Let loc.



FIELD ORDER N° C42851

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

DATE July 18 20 14

IS AUTHORIZED BY: Sandridge / Titan Well Services
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Nancy 3507 Well No. 1-10 Customer Order No. _____

Sec. Twp. Range S 10 Twp 35 S R 7 W County Harper State Ko

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
	1	Pump chgs for Phy Job.		650 ⁰⁰
	215	Sacks Class A Cem.		2580 ⁰⁰
	11	Hrs Overhaul of 4 hr min		1100 ⁰⁰
		102 miles 1 way mileage @ 4 ⁰⁰ /mile		408 ⁰⁰
	58	Bags Calcium Chloride @ 30 ⁰⁰ /50 ⁰⁰ Bag		150 ⁰⁰
	7 Hrs	Tank truck Hrs @ 95 ⁰⁰ /hr		665 ⁰⁰
		Tax.		148 ⁵⁰
	215	Bulk Charge @ 12 ⁵⁰ /sacks		268 ⁷⁵
	1030	Bulk Truck Miles @ 11 ⁰⁰ /1000 miles		1133 ⁰⁰
		Process License Fee on _____ Gallons		
			TOTAL BILLING	7104⁰⁵

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 Burketon

Well Owner, Operator or Agent

Remarks Any amt @ 5.50

NET 30 DAYS