



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

KANSAS CORPORATION COMMISSION 1219628
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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. _____

Date 7/28/2014 District G.B. F.O. No. C42675
 Company Titan Well Service-Sandridge
 Well Name & No. Frusher 1-10
 Location _____ Field _____
 County Hodgeman State KS

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Bkdown	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Flush	_____	_____	_____	_____
Treated from _____	ft. to _____	ft.	No. ft.	<u>0</u>
from _____	ft. to _____	ft.	No. ft.	<u>0</u>
from _____	ft. to _____	ft.	No. ft.	<u>0</u>

Casing: Size 7" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2.5" Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 317/308
 Personnel Nathan Greg Joe
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Company Representative _____ Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
7:00	2.5"	7"		On Location. Rig up and wait on water.
8:00				Mix 30sks 60/40poz 4%gel with circulation at 4420' Lay down tubing.
9:45				Out of hole with tubing. Rig up to shoot of casing and pull out of hole.
2:00				Begin pulling 7" casing.
5:00				Out of hole with casing. Rig up to run tubing back in.
6:20				Mix 50sks 60/40poz 4%gel at 1340'
6:45				Mix 50sks at 760'
6:55				Mix 30sks at 60' Circulated cement to surface.
				Top off with 55sks. Wait 45min. and top off with 50sks.
				Total=265sks (105sks additional)
8:00				Thank You!
				Nathan W.



Attn: Dakota

FIELD ORDER N° C 42675

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

DATE 7-24-14 20__

IS AUTHORIZED BY: Titan Well Service. (S-a-d-i-g)
(NAME OF CUSTOMER)

Address _____ City _____ State _____

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

Sec. Twp. Range _____ County Hodgeman 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
2	70	mileage pump truck	4. ^{00/100}	280. ^{00/100}
2	70	mileage pickup	2. ^{00/100}	140. ^{00/100}
2	1	Pump Charge - Plus		450. ^{00/100}
2	265	60/400 gal. 2% sol.	10. ^{00/100}	2,650. ^{00/100}
2	5	2% add. sol.	22. ^{00/100}	110. ^{00/100}
2	9 hrs.	Pump Truck Charge after 4 hrs	100. ^{00/100}	900. ^{00/100}
		Sales Tax	7.3%	257. ^{50/100}
2	270	Bulk Charge	1. ^{25/100}	337. ^{50/100}
2		Bulk Truck Miles $11.917 \times 70 = 833.79 \times 1.10/100$	1. ^{10/100}	917. ^{00/100}
		Process License Fee on _____ Gallons		
TOTAL BILLING				6,541.^{87/100}

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 Nathan W.

Station G.B

Anthony Smith
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS