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** 

1224657

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:	Sec Twp S. R East West
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 #: Is ACO-1 filed? Yes No   Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.   Depth to Top: Bottom: T.D. T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) 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)			
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)		or or Operator on abo					
haing first duly sugars an asthe says	That I have be availed as a fith a factor	statements, and matters barain contained, and the l	on of the chour departhed	wall in an 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



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FIELD ORDER Nº C 42695

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

	6-22	11
DATE	8-22-	20_/ 7

IS AUTHORIZED BY:	- Deer Petroleum		
		(NAME OF CUSTOMER)	
Address		City	State
To Treat Well As Follows: Lease	Smith	Well No. 21-11	Customer Order No
Sec. Twp. Range		_ County Pawnee	State

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\_

		Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	20	Mileage Pick UP	2 <u>a</u> e	4000
2	20	Milegge Pump Truck	4000	8000
2		Pump Charge -Plug		65000
2	245	Sacks 60/40 2% Gel Cement	1000	245000
2	4	Additional 2% Gel	2200	88 20
2	249	Bulk Charge × 1.25	125	311 20
2		Bulk Truck Miles 10.9567 × 202 × 1.10		241.03
		Process License Fee onGallons		261028
		TOTAL BILLING		3860.28

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.

Greg Curtis Copeland Representative 6 Station

Well Owner, Operator or Agent

By\_

Remarks\_

**NET 30 DAYS** 



### TREATMENT REPORT

Acid	& Cemen	t 🕿						Acid Stage No	D	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ls of Sand
Date 8	3/22/2014	District GREAT	BEND F.O. I	No. 42695	Bkdown		al			
	BEAR PETRO				1		al.			
	e & No. SMITH				1		al.			
Location Field						al.				
County	PAWNEE		State KS		Flush		al.			
					Treated from				No. ft.	0
Casing:	4.5	Type & Wt.		Set at ft.	from		and the second s	Contraction of the second second	No. ft.	0
Formation			Perf.		from		ft. to	ft.	No. ft.	0
Formation	:		Perf.	to	Actual Volume of O					Bbl./Gal.
Formation			Perf.				A STREET, WANTER TO BE AN A		and a start of the second	
					Pump Trucks.	No. Used: Std.	320 Sp.		Twin	
					Auxiliary Equipment			7-308T		
			Swung at		Personnel NATHA		DAN JEFF			
		rom	ft. to		Auxiliary Tools					_
				an ng	Plugging or Sealing	Materials: Ty	pe			
Open Hole	Size	T.D	ft. P	.B. to ft.			<u></u>	Gals.		lb.
			aller Meriden and Aller and Aller and							
Company	Representative		DICKS	<i>š</i> .	Treater		GREG CU	RTIS		
TIME	PRES	SURES		1						
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMAR	KS			
10:30				ON LOCATION			an a			
		400		PUMP 180 SACKS	S OF 60/40 4	1% CEMEN	T DOWN 4.5	CASING @	4BPN	1 400PS
				PUMP 15 SACKS	OF 60/40 49	6 CEMENT	DOWN SURF	ACE 0.5B	PM 35	OPSI
					01 00/ 10 1/	0 OLIVILITI	0011100111		111 00	
		0		PUMP 50 SACKS	OF 60/40 49	CEMENT		CASING 2	RPM (	IPSI
				I UNII JU SACKS	01 00/40 4/				DITVIC	<u>, , , , , , , , , , , , , , , , , , , </u>
1.00				IOR COMPLETE						
1:20				JOB COMPLETE						
				THANKYOU						
				THANK YOU						
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