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

1237025

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: City: State:Zip:+ Contact Person: Phone: ()	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:
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:	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:

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 Plugging	g Fees:								
State of	County,	, SS.							
	(Print Name)		or or Operator on above-described well						
haing first duly sugar an asthe says. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on						

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



1A

order Nº C 42154

- 17-72/10

By

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

C a		DATE20
IS AUTHORIZED BY: DEAR PETROLSUM	(NAME OF CUSTOMER)	
Address	_ City	State
To Treat Well As Follows: Lease <u>Sectman</u>	Well No. 1	Customer Order No.
Sec. Twp. Range	County PAWNES	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

		Weil Owner or Operator	Agent		
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT	
2	30	MILEASS PUMT TRINK MILEASS PURUP PLUG PUMP (HARGS	400	12000	
2	30	MILEAGS PICKUP	200	60 20	
2	1	Paulo Pamp CHARGE		650°°	
2	130	Common	1200	1560 20	
2	10	Gec	2200	1560 °° 220°°	
		×			
2	140	Bulk Charge	125	175 00	
2		Bulk Truck Miles $6.587 \times 30 = 197.47m$	110	175 00 217-14	
		Process License Fee onGallons			
		TOTAL BILLING		3002-14	

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 Scendon

Station

DICK Well Owner, Operator or Agent

Remarks_

NET 30 DAYS



TREATMENT REPORT

Acid	& Cement	t 🕿							Acid Stage No).	
					Type Treatment	t: Amt.		Type Fluid	Sand Size	Pound	s of Sand
Date 12/24/2014 District F.O. No. 42154			Bkdown						5 01 5414		
	BEAR PETROL		F.O. I	42134	DROOWIT						
	e & No. SELTMA										
			Field								
Location Field County PAWNEE State			 Flush								
county	TAWREE		State KS							No. 6	0
	4.4.10						and the second second second			No. ft.	
Casing:				Set atft.				to		No. ft No. ft.	
Formation				to	from	And a second	and the second	to		NO. IL.	
Formation	:		Perf.	to	Actual Volume of	of Oil / Water to	Load Hole:		and the second		Bbl./Gal.
Formation	:		Perf.	to							
Liner: Si	zeType &	Wt.	Top atft.	Bottom atft.	Pump Trucks.	No. Used:	Std. 3	18 Sp.		Twin	
	Cemented:	Perforated fr	om	ft. toft.	Auxiliary Equipn	nent			327		
Tubing:	Size & Wt.		Swung at	ft.	Personnel BRA	ANDON JOE	AND SCOT	Т			-
	Perforated fr	rom	ft. to	ft.	Auxiliary Tools						
					Plugging or Seal	ling Materials:	Туре		And an		
Open Hole	Size	T.D.	ft. P.	.B. to ft.					Gals.		lb.
	Autoria and Autoria								and the second		an a generative a generative a second
Compony	Poprocontativo				Treater			BRAND	ON		
min-Waterland and State	Representative	CUREC	I								
TIME		SURES	Total Fluid Pumped			R	EMARKS				
a.m./p.m.	Tubing	Casing		ON LOCATION							
11:30				UNLUCATION							
								T 1000			
				PUMP 10 SKS GE	L AND 50	SKS CON	IMON A	AT 1200 [°]			
				PUMP 60 SKS CC	MMON A	T 540'					
			1	PUMP 20 SKS CC	MMON A	T 40' ANI	DCIRCL	JLATED C	EMENT TO) SURF	ACE
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	L										
				THANKS							
				BRANDON							
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