

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION 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 #:				API No.	15				
				Spot De	scription:				
Address 1:					Sec Twp S. R East West				
Address 2:				Feet from North / South Line of Section					
City:				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 Catho	odic	Country					
Water Supply Well		SWD Permit #:		-					
ENHR Permit #:	Gas	Storage Permit #:		Lease Name:					
Is ACO-1 filed? Yes	No If not, is v	vell log attached? Yes		Date Well Completed:					
Producing Formation(s): List	— All (If needed attach anot	her sheet)							
Depth t	to Top: Bo	ottom: T.D							
Depth t	to Top: Bo	ottom: T.D		Plugging Commenced:					
Depth t		ottom: T.D		Plugging	g Completed:				
·									
Show depth and thickness of	all water, oil and gas for	rmations.							
Oil, Gas or Wate	er Records		Casing Re	cord (Su	urface, Conductor & Prod	uction)			
Formation	Content	Casing	Size		Setting Depth Pulled Out				
		3 3 3			3 37				
cement or other plugs were u	ised, state the character	of same depth placed from (b	ottom), to (to	p) for ea	ch plug set.				
Plugging Contractor License #:									
Address 1:			_ Address 2	:					
City:				State:		Zip:	+		
Phone: ()									
Name of Party Responsible f	or Plugging Fees:								
State of	Count	у,		, SS.					
					mployee of Operator or	Operator on	ahovo-described well		
)			inployee of Operator of	Operator on	above-described Well,			

Submitted Electronically

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

Acid & Cement

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

Invoice

Page: 1

BURRTON, KS . GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C43011-IN

LEASE: V. DIEMART #2

BILL TO: BEN GILES MWM OIL CO., INC. 346 SOUTH LULU WICHITA, KS 67211

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SPECIAL I	SPECIAL INSTRUCTIONS	
01/30/2015	C43011		01/22/2015		NET 30			
QUANTITY	TITY U/M ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION		
1.00	EA	CEMENT PUMP CHARGE - PLUG			0.00	650.00	650.00	
25.00	SAX	COMMON CEME	COMMON CEMENT			12.00	300.00	
1.00	EACH	POLY TRAILER	POLY TRAILER RENTAL			250.00	250.00	
46.00	МІ	CEMENT MILEAGE PUMP TRUCK			0.00	4.00	184.00	
92.00	мі	MILEAGE P/U TF	MILEAGE P/U TRUCK - ROUND TRIP			2.00	184.00	
1.00	EA	BULK CHARGE	BULK CHARGE - (MIN.)			150.00	150.00	
1.00	мі	BULK TRUCK - 1	ON MILES (MIN.)		0.00	150.00	150.00	
		Cen	new Hug					
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: BUTCO Sales Tax: Invoice Total:		1,868.00 41.60 1,909.60		
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.



TREATMENT REPORT

Acid Stage No.

110.		Ο			Type Treatment: Amt.	Type Fluid	Sand Size Pounds of Sand
				O. No			
Company	torn La	· / * _ /	de o				
Location Field State State					The state of the s		
County	-X-7.7.4.X		State				
Cusing: Size.	43	Type & Wt.	9	Set atft.	1		ft. No. ft
				to			ft. No. ft
Formation:			Perf	to			
Formation:			Perf	to			Bbl. /Gal.
Liner: Sixe	Type & W	't	Top atf	t. Bottom atft.	Pump Trucks. No. Used: Ste	139.38p	Twin
Cen	nented: Yes/No.	Perforated from	om	.ft. toft.	1		
	- ここのできることととなっています			ft.	Packer:		Set ut
Per	rforated from		ft. to	tr.	Auxiliary Tools	KANTE OF	
100 P 100		22-26					6 <u>4</u>
Open Hole Si	re	Т.О		B. toft.			Gala
Company	Representativ	e i h	. ,		Treater Jica	<i>2.1</i>	
TIME	THE RESERVE TO SHARE THE PARTY OF THE PARTY	SURES	Total Fluid				
a.m /p.m.	Tubing	Casing	Pumped		REI	MARKS	
9:15				On 100 JS	H V: 13		
				Bu 81 -	01450 Fac 1	30 TA C	
			V2/33	てるこうと	ich circ di	in were	- 6
9:40	3		\circ	Steet Willy		110/2	
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10:15				Clein 13	Lynd Kit	7	
10.15				Com James	in the har	+ 100	
							
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