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** 

1247313

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
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 #:       Image: Cathodic         ENHR Permit #:       Gas Storage Permit #:       Image: Cathodic       SWD Permit #:       Image: Cathodic         Is ACO-1 filed?       Yes       No       If not, is well log attached?       Yes       No         Producing Formation(s): List All (If needed attach another sheet)       Storage Permit #:       St	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date)
Depth to Top: Bottom: T.D	by:(KCC District Agent's Name)
Depth to Top:         Bottom:         T.D.           Depth to Top:         Bottom:         T.D.	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 Plu	Igging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
haing first duly sugar an asthe asy	a. That I have leased along of the faste	atotomonto, and mottors harain contained, and the l	an of the chour departhed u	vall is as 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



FIELD ORDER Nº C 42169

## BOX 438 • HAYSVILLE, KANSAS 67060

316-524-1225

$\mathcal{O}$	010-024-1220	DATE 2-5-15	20
IS AUTHORIZED BY: DEAR PETROLEUM	(NAME OF CUSTOMER)		
Address	City	State	
To Treat Well As Follows: Lease <u>STEFFAN</u>	Well No. <u>A 1-8</u>	Customer Order No.	
Sec. Twp. Range	County PAWNEE	State	Kis

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.

\_ By\_\_

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	45	MILEAGE POIMO Truck	400	18000
2	45	MILEAGE PILLUP	200	90°°
2	1	Phuspart Pickup Phug Pamp Cherge		GSOS
2	500	60/40 2%	1000	5000=
2	9	60/40 2% 2% ADD GEL	22:0	198 ==
2	509	Bulk Charge	125	63625
2		Bulk Truck Miles 22. 3964 45 m = 1007.82 Tm	(10	636=5
		Process License Fee onGallons		
		TOTAL BILLING		7862.85

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_	D	lond	on

15

Station

Remarks\_

Well Owner, Operator or Agent

DICK

NET 30 DAYS



## TREATMENT REPORT

Acid	& Cemen	t 🕮						Acid Stage N	0.	
					Type Treatment:	Amt	Type Fluid	Sand Size	Pound	ls of Sand
Date	2/5/2015	District	F.O. 1	42169	Bkdown					is or sund
	BEAR PETROL						al			
	e & No. STEFFA	the second s			1		al.			
	Jeano. Jierra		Field		1					
	PAWNEE				Flush	Bbl /G	al	and a second		
County	FAVINEL		State KS		8					
							ft. to		No. ft.	
Casing:				Set atft.	a second		ft. to		No. ft	
Formation	1;		Perf	to	from	-	ft. to	ft.	No. ft.	0
Formation	1:		Perf.	to	Actual Volume of O	il / Water to Load	Hole:			Bbl./Gal.
Formation	1:		Perf.	to						
Liner: S					Pump Trucks. N	No. Used: Std.	318 Sp.		Twin	
					Auxiliary Equipment			7-308		
				Personnel BRAND						
	Perforated f		ft. to							-
							pe			
Once Hel	Sizo	TD	ft. P	.B. to ft.	1	wateriais: Ty		Gals		lb.
Open Hole	Size	T.D.	π. Ρ	B. to				Gais		10.
Company	Representative		DICK		Treater		BRAND	NC		
TIME	PRES	SURES	Total Fluid Pumped			REMAR	KS			
a.m./p.m.	Tubing	Casing								
10:00				ON LOCATION						
				PUMP 500 SKS 6	0/40 4% AT	1300' AND	DID NOT CIF	CULATE (	CEMEN	IT
				PULL TUBING OL	IT AND WAI		RNING TO TA	G CEMEN	Т	
				TOLL TODATO OC		T THEE INTO I				
									New 210-10-10-10-10-10-10-10-10-10-10-10-10-1	
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						()				
				and all and the second s						



FIELD ORDER Nº C 42170

## BOX 438 • HAYSVILLE, KANSAS 67060

316-524-1225

	0	$\bigcirc$	510-524-1225	DATE 2-6-15	20
IS AUTHORIZED BY:	DEAR	PETROLEUM	(NAME OF CUSTOMER)		
Address			City	Stat	e
To Treat Well As Follows: Lease	STEFFAN		Well No. A 1-8	Customer Order N	lo
Sec. Twp. Range			County	Stat	e

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.

\_ By\_\_\_\_

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

BEFORE WORK		Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	45	Muerre Promp Truck Micense Pickup Plug Pamp Charge	499	180 00
2	45	Miczorfie Precyp	200	90 °°
2	1	PLUG Pamp Charge		65020
2	25	60/40 2% 2% ADD Gec	1000	250°
2	1	Zie ADD Gec	22.00	2200
2	26	Bulk Charge 32 50	125	150 min
2		Bulk Charge $32^{50}$ Bulk Truck Miles $1.1447 \times 45 = 51.487 \times 110 \times 5663$		150 min
		Process License Fee onGallons		
		TOTAL BILLING		1419200

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	_
Station GB	_

Well Owner, Operator or Agent

Remarks\_

NET 30 DAYS



## TREATMENT REPORT

ACIU	& Cemen								Acid Stage No	).	
					Type Treatment:	Amt.		Type Fluid	Sand Size	Pound	s of Sand
Date	2/6/2015	District	F.O. I	No. 42170	Bkdown			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, cana	o or oand
	BEAR PETRO				1						
	e & No. STEFFA		and the state of the second second second				Bbl /Gal			Ne de la sala de	And and a state of the second s
Location			Field		1						
	PAWNEE		State KS								
county					1						
					Treated from			. to		No. ft	
Casing:				Set atft.	and the second sec			. to		No. ft	
Formation			Perf.		from		ft	. to	ft.	No. ft.	0
Formation	1:		Perf.	to	Actual Volume of Oi	l / Water t	o Load Hole	:			Bbl./Gal.
Formation			Perf.								
Liner: S					Pump Trucks. N	lo. Used:	Std.	318 Sp.		Twin	
					Auxiliary Equipment		<b>Harden State</b>		7-308		
Tubing:					Personnel BRAND		AND JOR				
0		rom			Auxiliary Tools						-
							_				
_					Plugging or Sealing N	Materials:	Type _				
Open Hole	e Size	T.D.	ft. P.	.B. toft.			AN		Gals.		Ib.
Company	Representative		DICK		Treater			BRANDO	N		
TIME	PRES	SURES	Total Fluid Pumped				REMARKS		a proving the financial of spinse of the second		
a.m./p.m	Tubing	Casing					LEWIARKS				
9:00				ON LOCATION							
									an the set of the second		
			1	TAG CEMENT AT	330' W/100	GGING	TRUCI	<			
					200 11/ 200	oome					
											CAIT
				RUN 6 JOINTS OF	- TUBING AN	ID PUI	VIP 25 S	SKS AND CI	RCULATE	DCEIVI	ENI
				TO SURFACE.							
									the set of		
				HOOK UP TO SUI	RFACE AND F	PRESSI	URED U	P TO 300#			
				THANKS							
				BRANDON							
										1	
-									and the second		