

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

1253359

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. 1	5			
Name:								
Address 1:					Sec	Гwp 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 Cathod	lic	County:				
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #: Date Well Completed:				
ENHR Permit #:	Gas Sto	orage Permit #:						
s ACO-1 filed? Yes	No If not, is well	l log attached? Yes	No				(Date)	
Producing Formation(s): List A	All (If needed attach another	r sheet)		by:			(KCC District Agent's Name)	
Depth to	o Top: Botto	m: T.D		Plugging	Commonand:			
Depth to	o Top: Botto	m: T.D		00 0				
Depth to	o Top: Botto	m:T.D		r lugging v	Sompleted			
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Water	r Records		Casing I	Record (Surf	ace, Conductor & Prod	uction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Ou	ut	
			+					
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttorn), to (top) for each	i piug set.			
Plugging Contractor License #:			Name: _					
Address 1:			Address	2:				
City:				State:		Zip:	+	
Phone: ()				-				
Name of Party Responsible fo	or Plugging Fees:							
State of	County			SS.				
-					alama at C	. 🗆 🖺	tananahara da 9 1 9	
	(Print Name)			Em	ipioyee of Operator of	Operat	tor 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



FIELD ORDER Nº C 43053

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

			310-324-1223	DATE April	10	20_15
IS AUTHORI	ZED BY:	Bear Pat	(NAME OF CUSTOMER)			
Address					State	
		Tishusan				
CONDITIONS: not to be held li implied, and no treatment is pay our invoicing de The undersi	As a part of the able for any dar representations vable. There will partment in according to the presents	consideration hereof it is agreed that of mage that may accrue in connection we have been relied on, as to what may be no discount allowed subsequent to ordance with latest published price so himself to be duly authorized to sign	Copeland Acid Service is to ser vith said service or treatment. be the results or effect of the so o such date. 6% interest will be hedules.	vice or treat at owners risk Copeland Acid Service has ervicing or treating said we e charged after 60 days. To	, the hereinbefore s made no repres ell. The consider	e mentioned well and i sentation, expressed o ation of said service o
THIS ORDER MU BEFORE WORK	IST BE SIGNED IS COMMENCED	Well Owne	r or Operator	By	Agent	
		Well Owne			UNIT	
CODE	QUANTITY		DESCRIPTION		COST	AMOUNT
1	\	1 Punp chy Co.	ply Job			650
	5000	60-40-45 toz	1125 June			562 50
	1000	4 1 way parp te	id miles & 4°	e/mile		36000
	10	A bourts in		71111		300
		74				

				16.30		2, 200, 200
						THERETO CONTRACTOR TO SECOND
					-	
				· · · · · · · · · · · · · · · · · · ·		
	30 seeds	Bulk Charge \25	sion s	ola		1500
	198	Bulk Truck Miles	a mile			21780
		Process License Fee	on	Gallons		
				TOTAL BILLING		A Section 1 and 1
manner u		e material has been accepted a ction, supervision and control re		r his agent, whose sig	gnature appea	
Remarks_	STEP	+ with trule 323	NET 30 DAYS	Well Owner, Operate	1 4	330



TREATMENT REPORT

Type Treatment: Amt.

Sand Size Pounds of Sand

Type Fluid

111	1 -	~			Type Treatment:		Type Fluid	Sand Size	l'ounds of Sand		
				D. No		Bbl. /Gal					
Well Name & No. 3 hanna . Un T B Stul				Bbl./Gal							
					Bbl. /Gal						
					Bbl. /Gal						
County Cal	Mez		State S.A			Bbl. /Gal					
	1				Treated from						
Casing: Sixe	53_	Type & Wt		Set atft.	from	ft.	. to	ft. No. f	t		
Formation			Perf	to	from	ft.	. to	ft. No. f	t		
Formation:			Perf	to	Actual Volume of Oll/Water to Load Hole: Bbi./Gal.						
Formation:			Perf	to							
Liner: Size	Type & W	′t	Top atft	. Bottom atft.							
	- 11			11. 10		nent					
Tubing: Size &	k Wt		Swung at	3 0	Packer:			Set at	ft.		
Per	forated from		ft. to	ft.	Auxiliary Tools			1. 041 65	22		
					Plugging or Sealing	ng Materials: Type.	50 Sciel	60-40-4	0 102		
Onen Hole Six	e	T.D		3. toft.							
					1	W i					
Company F	Representativ	e			_ Treater	74 /L					
TIME		SURES	Total Fluid			REMARK	9				
a.m /p.m.	Tubing	Casing	Pumped			REANKE	. 0				
:				On 100 J	SA RE	no 32	3				
:				Set CIBP	J Run 1	And hailer	2 pur.				
:				Run In a	· & H165.	tubi to	280				
a): C			0	Tien	in hose	V cick w	where				
:			12 RAI	Havin tro	to intoklus	motore	- pino to	cuche Coin	20112		
:				INCTUD Sh	unt down	100	ens clows	A ceill	For ton		
:				Tauch Ce	Med for a	520					
7 :											
6 :00				Tour 38	0- 100	Rin was	The on	tub:			
630			0	Stept win	2.	1 1	nali.	7			
:			MARSI	50 sulu	de Rodin	2 of ush	we Care				
(p:50)				n descu	2 Horek	un tra	unals a	let he	Y .		
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