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

1253378

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	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 P	lugging Fees:								
State of	County,	, SS.							
	(Print Name)		or or Operator on ab						
being first duly sworn on eath as	way That I have knowledge of the faste	statements, and mottors barain contained, and the	og of the chave describer	twoll 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

Acid & Cement

FIELD ORDER Nº C 41201

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

\sim 0	0100111110	DATE 3.31-15 20
IS AUTHORIZED BY: DEAK PETROCE	(NAME OF CUSTOMER)	
Address	City	State
To Treat Well As Follows: Lease DEMUTH	Well No. JE2	Customer Order No
Sec. Twp. Range	County 57508	State 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.

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_

		Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	30	Musabe lamp TRUCK	COST 4	120 001
2	30	Micsable Paceup	200	60 -
2	1	MILEASE Pamp TRUCK MILSASE PICKUP PCUG Dump CHARGE		650 ==
2	120	60/40226/SEC 2% ADD GEC GEL	100	1200=
	2	2% ADD GEC	2200	44°°° 220 ³⁹
2	10	BEL	2225	220=0
1				
2	132	Bulk Charge	125	165-
2		Bulk Truck Miles 5.808 TX30 174.247m	12	19166
		Process License Fee onGallons		
196° - 19		TOTAL BILLING		2650.66

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.

rendon Copeland Representative / Station

Vell Owner, Operator or Agent

Remarks

NET 30 DAYS



TREATMENT REPORT

Acid	& Cemen	t 🗟.						Acid Stage No).	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Poun	ds of Sand
Date 3	3/31/2015 a	District	F.O. 1	No. 41201	Bkdown					
	BEAR PETROL					2			23	
Well Nam	e & No. DEMUT	H B2								
Location Field										
County	STEVENS		State KS		Flush	Bbl./Gal.	• ····			
30					Treated from		ft. to	ft.	No. ft.	0
Casing:				Set at ft.	from		ft. to		No. ft	0
Formation	:	ere conta originality	Perf.	to	from		ft. to	ft.	No. ft.	0
Formation	:		Perf.	to	Actual Volume of Oi	il / Water to Load Ho	ole:			_ Bbl./Gal.
Formation	:		Perf.	to						
Liner: Si	zeType 8	Wt.	Top atft.	Bottom at ft.	Pump Trucks. N	No. Used: Std.	318 Sp.		Twin	
		Perforated fr	rom		Auxiliary Equipment			0-310		
Tubing:	Size & Wt				Personnel BRAND	OON JOE AND SO	OTT			-
	Perforated f	rom	ft. to	ft.	Auxiliary Tools					
					Plugging or Sealing I	Materials: Type		NOTATION		
Open Hole	Size	T.D	ft. P	.B. toft.				Gals.		Ib.
								~~.		
	Representative		DICK		Treater		BRANDO	ON	والمراجع وا	
TIME a.m./p.m.		SURES Casing	Total Fluid Pumped			REMARKS				
	Tubing	Casing		ON LOCATION						
12:00				UNLOCATION	18-10-10-1					
				PUMP 10 SKS GE		S 60/10 1%	AT 1720'			
					L AND 50 SK	3 00/40 470	AT 1720			
				PUMP 50 SKS 60	/10 1% AT 5	50'				
				PUMP 50 5K3 00	740 4% AT 5	50				
				CIRCULATE CEM			10' 11/ 20 5	KS 60/10	10/	
				CIRCULATE CEIVI			40 00/203	100/40	4/0	
				THANKS		2. 2.				
				BRANDON						
				DRAINDOIN		1				
						merunina ar				
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								27. 17. AND		
					- 1142					
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