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

1253467

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:	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 #: Is ACO-1 filed? Yes 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 #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plug

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	ugging Fees:			
State of	County,	, SS.		
	(Print Name)		tor or Operator on ab	
		statements, and matters harain contained, and the		

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



BOX 438 . HAYSVILLE, KANSAS 67060

	316-524-1225	DATE 5-5-5-2020
IS AUTHORIZED BY: LD DRILLING	(NAME OF CUSTUMER)	
Address	City	State
To Treat Well ROBERTS	Well No. /-/4	Customer Order No
Sec. Twp. Range		ORD State HS

FIELD

Rv

ORDER

№ C 41217

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 REFORE WORK IS COMMENCED.

		Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	20	MICERGE PUMP TRUCK	COST 4/23	80
2	Zo	MILEAGE PICKUP	2 **	40 == 650 ==
2	/	MILEAGE PUMP TRUCK MILEAGE PICKUP PELIG PUMP CHARGE		650
0			1075	000
2	120	60/40 2°0 GEC 2°0 ADD (7EL GEC	10	129000
2	3	2% ADD (TEL	225	66*
2	10	Gec	22.00	22022
0			125	10025
2	133	Bulk Charge	125	166 25 150 29
2		Bulk Truck Miles 5-852+x 20117.04 7-4 x1-212824	150 mm	150
		Process License Fee onGallons		
		TOTAL BILLING		266225

1 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.

mondo **Copeland Representative** Station

KELSO Well Owner, Operator or Agent

Remarks



TREATMENT REPORT

Acid Stage No.

6							
	Type Treatment: A	mt.	Туре	Fluid Sa	and Size	Pound	s of Sand
	8kdown	Bbl./Gal.					
3.534Y		Bbl./Gal					
		Bbl./Gal.					
		Bbl./Gal.					
	Flush	Bbl./Gal.					
	Treated from		ft. to		ft.	No. ft.	0
ft.	from		ft, to		ft.	No. ft.	0
	from	_	ft. to		ft,	No. ft.	0
	Actual Volume of Oil / W	ater to Load He	ole:	wellow show all we	da Discher Cast	1.1.1.0 ants	Bbl./Gal.
ft.	Pump Trucks. No. U	sed: Std.	320	Sp		Twin	
ft.	Auxiliary Equipment			327	_	_	
ft.	Personnel JORDAN A	ND SCOTT					_
ft.	Auxiliary Tools						
	Plugging or Sealing Mate	rials: Type					
ft.					Gals	· · · · · · · · · · · · · · · · · · ·	lb.
	ft. ft. ft. ft.	Bkdown Bkdown Flush Flush Flush freated from from from ft. Pump Trucks. No. Us ft. Auxiliary Equipment ft. Personnel JORDAN Al ft. Auxiliary Tools Plugging or Sealing Mate	Bkdown Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Comment from from from from from from from from	Bkdown Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Flush Bbl./Gal. ft. from ft. from ft. from ft. Pump Trucks. ft. Pupp Trucks. <tr< td=""><td>Bkdown Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Flush Bbl./Gal. ft. from ft. from ft. from ft. from ft. Pump Trucks. ft. No. Used: Std. 320 ft. Pump Trucks. ft. Pump Trucks. ft. Auxiliary Equipment 327 ft. ft. Purgging or Sealing Materials: Type </td><td>Bkdown Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Flush Bbl./Gal. ft. from ft. from ft. from ft. ft. ft. ft. ft. ft. ft. ft. ft. ft. ft. Pump Trucks. No. Used: Std. S20 Sp. ft. Auxillary Equipment 327 Sp. ft. Personnel JORDAN AND SCOTT ft. Auxillary Tools Plugging or Sealing Materials: Type</td><td>Bkdown Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Flush Bbl./Gal. ft. from ft. ft. to from ft. to ft. ft. No. ft. from ft. to ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. No. Used: Std. 320 Sp. Twin ft. Auxiliary Equipment 327 ft. ft. Personnel JORDAN AND SCOTT ft. Auxiliary Tools Plugging or Sealing Materials: Type</td></tr<>	Bkdown Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Flush Bbl./Gal. ft. from ft. from ft. from ft. from ft. Pump Trucks. ft. No. Used: Std. 320 ft. Pump Trucks. ft. Pump Trucks. ft. Auxiliary Equipment 327 ft. ft. Purgging or Sealing Materials: Type	Bkdown Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Flush Bbl./Gal. ft. from ft. from ft. from ft. ft. ft. ft. ft. ft. ft. ft. ft. ft. ft. Pump Trucks. No. Used: Std. S20 Sp. ft. Auxillary Equipment 327 Sp. ft. Personnel JORDAN AND SCOTT ft. Auxillary Tools Plugging or Sealing Materials: Type	Bkdown Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Flush Bbl./Gal. ft. from ft. ft. to from ft. to ft. ft. No. ft. from ft. to ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. ft. No. ft. ft. No. Used: Std. 320 Sp. Twin ft. Auxiliary Equipment 327 ft. ft. Personnel JORDAN AND SCOTT ft. Auxiliary Tools Plugging or Sealing Materials: Type

Company Re	epresentative		KELSC) Treater BRANDON		
TIME	PRES	SURES	Total Fluid Pumped			
a.m./p.m.	Tubing	Casing	Total Puld Poliped			
11:30				ON LOCATION		
				PUMP 10 SKS GEL AND 50 SKS 60/40 4% AT 720'		
				PUMP 50 SKS 60/40 4% AT 380'		
				CIRCULATE CEMENT TO SURFACE FROM 40' W/ 20 SKS		
				THANKS		
				BRANDON		
		-				
					and the second of	
					27	
					a sa	
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