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

1254266

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:	
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:

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 herein 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

Acid & Cement		field order № C 41302			
IS AUTHORIZED BY: VESS OIL		D60 DATE <u>6515</u> 20			
Address	(NAME OF CUSTOMER) City	State			
To Treat Well As Follows: Lease DENTON RANCH	Well No	Customer Order No.			
Sec. Twp. Range	County CLARK	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 involcing 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 **BEFORE WORK IS COMMENCED**

BEFORE WORK	IS COMMENCED) By By	A	
ť		THEIL WINEL OF OPERATOR	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	60	MUSAGE Pamp Treuck	4=	240°
2	60	MURAGE Pickyp	200	120
2	[/	Милана Ратр Танск Милана Рисинр Реша Ратр Снава		650°°
·				
2	160 3	60/40 200 gel	1025	1720 50
2	3	60/40 2° gel 2° ADD GEC	10 25	1720 ⁵⁰ 66 ⁴⁰
2	15	Gee	222	3302
2	178	Bulk Charge	125	22250
2		Bulk Truck Miles 7,8327 x60 m = 469 92 m	10	22250 51691
		Process License Fee onGallons		
		TOTAL BILLING		3865-41

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 Branch

Station

Remarks

Well Owner, Operator or Agent

NET 30 DAYS

RUPPEL UND I

TREATMENT REPORT

Acid	& Cemen	t 盥						Acid Stage No). 	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ds of Sand
Date	6/5/2015	District	F.O. I	to. <u>41302</u>	Bkdown		<u></u>			
-	VESS OIL									
Well Nam	e & No. DENTO	N RANCH 1-1				851./Gal,				
Location Field					Bbi./Gal.					
County CLARK State KS				Flush	Bbl./Gal.					
					Treated from		ft. to	ft.	No. ft.	0
Casing:	Size 5 1/2	2 Type & WL		Set atft.			ft. to		No. ft.	0
Formation	r		Perf	to	from		ft. to	ft.	No. ft.	0
Formation	к 		Perf.	to	Actual Volume of O	I / Water to Load He	xle:			Bbl./G
Formation			Perf.						i	
Uner: S	ize Type 8	a WL	Top at ft.	Bottom atft.	Pump Trucks.	to. Used: Std.	320 Sp.		Twin	
				ft. to ft.	Aux#lary Equipmen			327		
			Swung at		Personnel JORDA					
			ft. to		Auxiliary Tools					
					Plugging or Sealing	Materials: Type				
Open Hole	Size	T.D.	ft. P		E			Gals.		1

Company	Representative				Treater		BRAND	ON		
TIME	PRES	SURES								
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS				
8:30				ON LOCATION				and a second		Partition Contraction Contraction
				PUMP 15 SKS GE	LAND 50 SK	(S 60/40 4%	GEL AT 14	50'		
				PUMP 50 SKS 60	/40 4% GEL	AT 760'	VIII. W. L.			
			1	PUMP 40 SKS 60	/40 4% AT 3	00'				
	m ^{intern}									
				CIRCULATE CEM	ENT TO SUR	FACE EROM	10' 11/ 20 9		10/	
							40 44/20.	5K3 00/40	470	
						·				
			+	THANKS						
				BRANDON		······				•••••
				DRANUUN						
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