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

1254779

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 #: 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) Depth to Top: Bottom: T.D.	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 Plugging Fe	ees:				
State of	County,		, SS.		
,	Print Name)			or Operator on above-d	
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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 № C 41303 Acid & Cement BOX 438 + HAYSVILLE, KANSAS 67060 316-524-1225 BOX 438 + HAYSVILLE, KANSAS 67060 316-524-1225 DATE
BUX 438 * HAYSVILLE, KANSAS 67000 316-524-1225 DATE_6-9-/5 DATE_6-9-/5 DATE_6-9-/5 Address City To Treat Well Address City County Customer Order No. Sec. Twp. Range County County County County County County County County County County CLHALK State Method no representation hereol it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore meniloned well and 1 not to be held liable for any damage that may accrue in connection with said service is to service or treat at owners risk, the hereinbefore meniloned well and 1 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 as the servicing or treating said w
316-524-1225 DATE 6 - 9 - 15 Address City State County Customer Order No. Sec. Twp. Range COUNTY
IS AUTHORIZED BY: VESS_OK Address
To Treat Well As Follows: Lease Dent on Manch Well No. Mail Customer Order No. Sec. Twp. Range
To Treat Well As Follows: Lease Dent on Manch Well No. Mail Customer Order No. Sec. Twp. Range
Sec. Twp. Hange County Cutark State Ms 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 it 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 be 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 By Agent
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BEFORE WORK IS COMMENCEDByByAgent
CODE QUANTITY DESCRIPTION UNIT AMOUNT
3 60 Microse Pickup 2° 120°
2 60 Musade Prime Truck 41 ²⁰ 240 ⁵⁰ 3 60 Murage Pick 4P 2 ²⁰ 120 ²⁰ 2 1 Pruge Pick 4P 650 ²⁰
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
21 15 Gel 22= 20=
2 178 Bulk Charge $1 = 5 221 = 50$
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Process License Fee on Gallons
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 Brandon Station

Remarks_

Kelso Well Owner, Operator or Agent

NET 30 DAYS

Acid & Cement

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TREATMENT REPORT

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								A	cid Stage N	o	
Date (<u>6/9/2015</u>	District	F.O. ł	10. 41303	Type Treatment: Bkdown		Type I Sal.		Sand Size		s of Sand
	VESS OIL COP						Gal.				
		N RANCH A-1					Sat.				
Location			Field			Bbl./	Sal				······
County	CLARK		State KS		Flush	вы./	Sal,				
					Treated from					No. ft.	0
Casing:		2 Type & Wt.		Set atit.	from		fl_ to		ft.	No. ft.	0
Formation			Perl.	to	from		ft. to		^. ft.	No. ft.	
Formation:	·····		Perf	to	Actual Volume of O	il / Water to Loa	d Hole				_
Formation:			Perf.								Bbl./G
Liner: Si;	re Type 8	e WIL	Topat ft.		Pump Trucks	No Head, Fed	220	-			
c	emented:	Perforated f	nom .		Pump Trucks. I Awiliary Equipmen	10. 0seo: 5ta. 1	320	Sp	····	Twin	
Tubing:	Size & Wt.		Swung at		Personnel JORDA	the second se		327			
	Perforated f		ít. to		Auxiliary Tools						•
					-i ⊢						
Open Hole	Size	T.D.	ft. P.	B. to ft.	Plugging or Sealing	Materials: [/pe				
				1	<u> </u>				Gals.		ا
-	Representative		KELSC)	Treater		B	RANDON			
TIME).m./p.m.	PRES	SURES Casing	Total Fluid Pumped			REMA	RKS				
1:30				ON LOCATION							
	·····								····		
				PLIMP 15 SKS GI		15 60/40	10/ 47 400				
				PUMP 15 SKS GI	-L AND 50 51	13 00/40	F% AT 130	0.			
F			1								
				DUMD FO SVC CO							
				PUMP 50 SKS 60)/40 4% AT 7	'60'				····	
							·····				
				PUMP 50 SKS 60 PUMP 40 SKS 60							
				PUMP 40 SKS 60)/40 4% AT 3	:00'					
)/40 4% AT 3	:00'	M 40' W/	20 SKS			
				PUMP 40 SKS 60)/40 4% AT 3	:00'	M 40' W/	20 SKS			
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				PUMP 40 SKS 60 CIRCULATE CEM THANKS)/40 4% AT 3	:00'	M 40' W/	20 SKS			
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