

**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

#### 1256257

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	o. 15					
Name:				Spot Description:					
Address 1:									
Address 2:									
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 Cathodi	ic County	<i>r</i>					
Water Supply Well	Other:	SWD Permit #:	1		Well #:				
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1		oved on: (Date)				
Producing Formation(s): List	All (If needed attach another	r sheet)	by:		(KCC <b>District</b> Agent's Name)				
Depth to	o Top: Botto	om: T.D							
Depth to	o Top: Botto	om: T.D		-					
Depth to	o Top: Botto	om:T.D	Tidggii	ig Completed					
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Wate	r Records		Casing Record (S	Surface, Conductor & Produc	ction)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
zement of other plugs were u	Sed, State the Character Of	same depth placed from (bot	копт, ко (кор) юг е	acii piug set.					
				ame:					
Address 1:			Address 2:						
•					Zip:+				
Phone: ( )									
Name of Party Responsible for	or Plugging Fees:								
State of	County, _		, SS.						
	(Drint Mana)			Employee of Operator or	Operator on above-described well,				
	(Duint Nove)								

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

Invoice

Page: 1

# COPELAND

Acid & Cement

**POST OFFICE BOX 438** HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

BURRTON, KS & GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C41300-IN

BILL TO:

HUPFER OPERATING, INC. P.O. BOX 3912 SHAWNEE, KS 66203-0912

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SPECIAL INSTRUCTIONS		
06/12/2015	C41300		06/02/2015			NET 30		
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION	
15.00	MI	MILEAGE CEMENT PUMP TRUCK			0.00	4.00	60.00	
15.00	MI	MILEAGE PICK	JP TRUCK		0.00	2.00	30.00	
1.00	EA	CEMENT PUMP	CHARGE - PLUG		0.00	650.00	650.00	
70.00	SK	COMMON CEME	COMMON CEMENT			12.75	892.50	
5.00	SK	CALCIUM CHLORIDE			0.00	30.00	150.00	
150.00	SK	60/40 POZ 2% GEL MIX			0.00	10.75	1,612.50	
3.00	SK	ADDITIONAL GEL			0.00	22.00	66.00	
228.00	EA	BULK CHARGE			0.00	1.25	285.00	
150.48	МІ	BULK TRUCK - TON MILES			0.00	1.10	165.53	
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP  FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice:		3,911.53		
				RIC	3,958.01			
RECEIVED BY			NET 30 DAYS					

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.



### TREATMENT REPORT

Acid Stage No.

i					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ls of Sand	
)ate	6/2/2015	District	F.O. 1	No. 41300	Bkdown	Bbl./Gal.				<del> </del>	
Compan	y HUPFER OP			,					····		
Vell Nan	ne & No. <del>≇RUGA</del>	N B-5	INGWAID	623							
ocation						Bbl./Gal.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		
ounty	ounty RICE State KS				Flush	Bbi./Gaì.					
				Treated from		ft. to	ft.	No. ft.	0		
asing:	asing: Size 5 1/2 Type & Wt. Set at			Set at 1					No. ft.	0	
ormatio				to	from		ft. to	ft.	No. ft	0	
ormatio	n:		Perf.		Actual Volume of C					8bl./Gal.	
ormatio	n:		Perf.	to	***************************************					in the state of the state of	
iner: S	Size Type	& Wt.	Top at ft.		t. Pump Trucks.	No. Used: Std.	320 Sp.		Twin		
	Cemented:	Perforated	from	ft. to	ft.         Pump Trucks.         No. Used:         Std.         320         Sp.         Twin           ft.         Auxiliary Equipment         360-310						
					t. Personnel JORDA						
	Perforated		ft. to		t. Auxiliary Tools						
-	<u> </u>				Plugging or Sealing	Materials: Type					
pen Hole	e Size	T.D.	ft. P	B, to	Plugging or Sealing Materials: Typeto ft.					lb.	
		***************************************							ls		
ompany	Representative		KELSO	)	Treater		BRANE	NOC			
TIME	-	SSURES									
.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARK	S				
:30				ON LOCATION				OCCUPATION OF THE PARTY OF THE	(1000000000000000000000000000000000000	house and an open particular and a second	
		1			,,						
				MIX 35 SKS COI	ANAONI W/ 30	% CC ΔT 130	יחי			<del></del>	
				WAIT 1 HR AND		70 CC AT 130					
<u> </u>				VVAILTHEAINL	TAGFLOG				<del></del>	<del></del>	
				DI INAD SE CIVE C	ON 40 4 ON L VA /	100/ CC AT C	2001				
				PUMP 35 SKS C	OMMON W/	3% CC AT S	00			***************************************	
							2001)11/4/	TO CIVE CC	140.40	/ CEI	
				CIRCULATE CEN	MENT TO SUR	RFACE FROM	1300, M\ 1	<u>50 SKS 60</u>	740 4%	o OEL	
										······································	
								,		····	
				THANKS							
				BRANDON							
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