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

1259278

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:	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) 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	Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well,
haing first duly sugars an asthe source The	t I have knowledge of the facto at	stamanta, and matters barain contained, and the l	an of the choice described well is as 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



FIELD ORDER Nº C 41321

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

DATE 7-15-15-20	
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IS AUTHORIZED BY: 6P Drilling	(NAME OF CUSTOMER)	
Address	City	State
To Treat Well As Follows: Lease <u>Meaver</u>	Well No	Customer Order No
Sec. Twp. Range	County Banton	State KS

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.

Βv

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	10	Mulegge Primp Truce	400	40 [±]
	10	Murgar Pickup	ನಿ ಕ	20=
2	1	Muegge PumpTince Muegge Pick up Pung Pump Charge		65000
2	190	60/40 2%	1075	2042 50
2	4	2° dos Gel	2200	8800
2	194	Bulk Charge	125	24250
2		Bulk Truck Miles 8.536+x10 = 85.367 mx110 9340	150,000	15000
		Process License Fee onGallons		
		TOTAL BILLING		323300

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 Kondon

Station 61

helso Well Owner, Operator or Agent

Remarks



TREATMENT REPORT

Acid Stage No.

		Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ls of Sand
Date 7/15/2015 District	F.O. No. 42321	Bkdown	Bbl./Gal.				
Company LD DRILLING							
Well Name & No. WEAVER #1			Bbl./Gal.				
Location	Field		Bbl./Gal.				
County BARTON	State KS	Flush	Bbl./Gal.				
		Treated from	ft.	to	ft.	No. ft.	0
Casing: Size 4 1/2 Type & Wt.	Set at	ft. from	ft.	to	ft.	No. ft.	0
Formation:		from		to	ft.	No. ft.	0
Formation:	Perfto	Actual Volume of Oil	/ Water to Load Hole:				Bbl./Gal.
Formation:	Perf. to						
Liner: Size Type & Wt.	Top at ft. Bottom at	ft. Pump Trucks. No	o.Used: Std. <u>3</u>	320 Sp		Twin	
Cemented: Perforated fro	omft. to	ft. Auxiliary Equipment	-	317	-308		
Tubing: Size & Wt.	Swung at	ft. Personnel GREG A	ND SCOTT				-
Perforated from	ft. to	ft. Auxiliary Tools					
		Plugging or Sealing N	Aaterials: Type				
Open Hole Size T.D.	ft. P.B. to	ft			Gals.		lb.
Company Representative	KELSO	Treater		BRANDO	N		

TIME	PRESS	SURES		REMARKS			
a.m./p.m.	Tubing Casing		Total Fluid Pumped	REMARAS			
10:00				ON LOCATION			
				PUMP 60 SKS 60/40 4% AT 1805'			
				PUMP 30 SKS 60/40 4% AT 900'			
				CIRCULATE CEMENT TO SURFACE FROM 450' W/ 50 SKS 60/40 4% OUT			
				CASING AND 50 SKS 60/40 4% OUT SURFACE			
				THANKS			
			-	BRANDON			
		1					