

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

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 #:			1	API No. 15	5			
Name:				Spot Description:				
Address 1:					Sec T	wp S. R East West		
Address 2:					Feet from	North / South Line of Section		
City:				Feet from East / West Line of Section				
Contact Person:				Footages	Calculated from Neare	est 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 #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No					County: Well #: Well #: The plugging proposal was approved on: (Date)			
Producing Formation(s): List A	─ \ll (If needed attach another	sheet)				(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D						
Depth to	Top: Botto	m: T.D		Plugging Commenced:				
Depth to	Top: Botto	m: T.D		Plugging Completed:				
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing R	ecord (Surfa	ace, Conductor & Produ	action)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
						+		
Describe in detail the manner cement or other plugs were us						nds used in introducing it into the hole. If		
Plugging Contractor License #:								
Address 1:				2:				
City:				State:		Zip:++		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County			SS.				
					-l			
(Print Name)				_ [] Em	ployee of Operator or	Operator on above-described well,		

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

Acid & Cement

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

Invoice

Page: 1

(620) 463-5161

FAX (620) 463-2104

BURRTON, KS | GREAT BEND, KS (620) 793-3366 FAX (620)

INVOICE NUMBER: C43124-IN

BILL TO:

SCOTT'S PRODUCTION, LLC. P.O. BOX 136 ROXBURY, KS 67476

LEASE: BUCKEY A3

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL IN	ISTRUCTIONS
09/23/2015 C43124 09/21/2015			NI	ET 30		
QUANTITY	U/M	ITEM NO./DE	ESCRIPTION	D/C	PRICE	EXTENSION
1.00	EA	PUMP CHARGE	- SURFACE PLUG	0.00	650.00	650.00
120.00	SK	CLASS A COMM	ION CEMENT	0.00	12.75	1,530.00
55.00	МІ	MILEAGE CEME	NT PUMP TRUCK	0.00	4.00	220.00
120.00	EA	BULK CHARGE		0.00	1.25	150.00
310.12	MI	BULK TRUCK - T	TON MILES	0.00	1.10	341.13
		Pd 9-28-	15 ck# 829	2		
P.O. BOX 438 HAYSVILLE, KS 67060 RECEIVED BY			СОВ		Net Invoice:	
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			MCPCO Sales Tax: Invoice Total:	
		NET 30 DAYS				



FIELD ORDER Nº C 43124

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

			DATE SEP	16.4	20_15_
AUTHORIZED	BY:	Scattis Production (NAME OF CUSTOM)	•		
dress		(NAME OF CUSTOM) City	ER)	State	
Treat Well Follows: Leas	0		3 Custor		
c. Twp.			Phorse.		
nge		County	Thorse.	State	Fi
to be held liable blied, and no repre atment is payable invoicing departr	for any dam esentations . There will nent in acco	onsideration hereof it is agreed that Copeland Acid Service age that may accrue in connection with said service or trea have been relied on, as to what may be the results or effect be no discount allowed subsequent to such date. 6% intere trdance with latest published price schedules. himself to be duly authorized to sign this order for well own	atment. Copeland Acid Service of the servicing or treating sa st will be charged after 60 day	e has made no repr id well. The consid	esentation, expressi eration of said servi
S ORDER MUST B FORE WORK IS CO		Well Owner or Operator	Ву	Agent	
				UNIT	
CODE QL	JANTITY	DESCRIPTION		COST	AMOUNT
	1	Pungo chy for Suglace	Plu Job		650=
1	200	h. Class A Com 1279 &	end O		1530
5	35 ml	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			2203
	20 mil	1 Way Mileys 1 Mile			0,000
		0	NAME OF THE OWNER OWNE		
	2				
			=		
	1221	Bulk Charge 255 Suel min ch			177 02
	130 Sec. 1	0	7~		150
3	10 in	Bulk Truck Miles 19 tow miles	*		341 2
		Process License Fee on	Gallons		
			TOTAL BILLIN	G	
	er the dire	material has been accepted and used; that the ction, supervision and control of the owner, ope	rator or his agent, whos	e signature app	
	0	9127)	Well Owner, C	perator or Agent	
Remarks	Ma	NET 30 DAY	10		



TREATMENT REPORT

Acid Stere No PT

Date District F. O. No. Company Carling F. O. No. Location Field State Casing: Size Type & Wt. Set at ft. Pormation: Perf. to Formation: Perf. to Liner: Size Type & Wt. Top at ft. Bottom at ft. Cemented: Yes/No. Perforated from ft. to ft. Tubing: Size & Wt. Swung at ft.				Bbl. /Gal. Treated from ft. to ft. No. ft. Bbl. /Gal. Bbl. /Gal. Bbl. /Gal. Gal. Gal
				Plugging or Scaling Materials: Type. 130 Scales Con-
Onen Hole Siz	e	, T. D		3. to
Company I	Representativ	re		Treater Typ V
TIME a.m yp.m.	PRES	Casing	Total Fluid Pumped	REMARKS
9:15 9:15 9:30			288) 0 32831 0 335801	Perhapte well 2010 P All 42 to Shrlace Perhapte well 2010 P Brock CIRC The con 42 stoft water to brock CIRC Ready circe on 878 Steat Mixty going down hole Class H Con concept 120 South circly dood cornect in Shrlace P. p. The con 42 x 53 knowled & tay to payo Personal up & holding planning Wish up Park up & held be;
:	·			