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

1282426

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 #: Is ACO-1 filed? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	County: Well #: Uell #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plug

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:	Name:				
Address 1:		Address 2:					
City:		State:	Zip:	+			
Phone: ()							
Name of Party Responsible for Plug	gging Fees:						
State of	County,	, SS.					
	(Print Name)		or or Operator on abo				
haing first duly sugars an asthe says	That I have be availed as a fith a factor	statements, and matters barain contained, and the l	on of the chour departhed	wall in an 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



TREATMENT REPORT

Acid Stage No. .

	29-16 D			0. No	Type Treatment: Amt. BkdownBbl. /Gal.	Type Fluid	Sand Size Pounds of Saud
Company	Kenton	$-Q_{1}$					
					Bbl. /Gal.	•••••••••••••••••••••••••••••••••••••••	
					Bbl. /Gal.		
County	terren						
	T S				Treated from		
Casing: Size.	52	Type & Wt		Set atft.	1		ft. No. ft
Formation			Pert	to			ft. No. ft
Formation :			Perf	to			
Formation :				to	Actual Volume of Oll/Water to Lo		
Liner: Size		't	Top atf	t. Bottom atft.	Pump Trucks. No. Used: Std	23 80	Twin
Cen	nented: Yes/No.	Perforated fr	om	ft. toft.	Auxiliary Equipment Bulk	322	1 W 11
Tubing: Size	& Wt		Swung at	ft.	Packer:		
Per	rforated from		ft. to		Auxiliary Tools		
					Plugging or Sealing Materials: Typ	-35 cam 1	15 fðz
Ohen Hole Si	se			B. toft.			
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States of the second	Representativ	e			Treater_	KI	
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FIELD ORDER № C 37442

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

		DATE Van 29	20 16
IS AUTHORIZED BY: Kan Ros Oil		1	,
	(NAME OF CUSTOMER)		
Address	City	State	
To Treat Well As Follows: Lease	Well No.	Customer Order No.	
Sec. Twp. Range	County Hawer	State	Ls

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.

By_

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			
	1	Pump Chy, for Plus Jab	0001	(050 °C			
	1755	1 60-40-420 Aoz @ 1125/ Sach		1968 75			
	35sert	a Class A con 912757 sack		441, 25			
	3 Bay	Calcinn Chloridge 30 " (saile		90 00			
	4 miles	Iway milery 400 mile		16			
		0 8					
	0	Quest					
	210 sak	Bulk Charge Saek.		262 50			
	3444	Bulk Truck Miles 19 ton mile min chy		150 %			
		Process License Fee onGallons					
		TOTAL BILLING					
I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike							

trol of the owner, operator or his agent, whose signature appears below.

Copeland Representative Station P Remarks 1014

Well Owner, Operator or Agent

30 DAYS