

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

1283894

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 #:			APIN	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 Footages Calculated from Nearest Outside Section Corner: NE NW SE SW			
Contact Person:			Foota				
Phone: ()							
Type of Well: (Check one) (Compared to the Charles) (Compared to the Charles) (Compared to the Charles) (Check one) (Check one	Other: Gas Sto	OG D&A Cathodi SWD Permit #: rage Permit #: log attached? Yes	Leas Date	Date Well Completed:			
Producing Formation(s): List A	All (If needed attach another	sheet)			(KCC District Agent's Name)		
		m: T.D					
Depth to	o Top: Botto	m: T.D	1	Plugging Commenced:			
Depth to	o Top: Botto	m:T.D	Plugg	ging Completed:			
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Water	r Records		Casing Record	(Surface, Conductor & Produ	uction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
cement or other plugs were us			•		ods used in introducing it into the hole. If		
Plugging Contractor License #	#:		Name:				
Address 1:			Address 2:				
City:			State	:	Zip:+		
Phone: ()							
Name of Party Responsible fo	or Plugging Fees:						
State of	County		. 88				
				Franksis of Orest	Operator on alternative to the		
	(Print Name)			Employee 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



FIELD ORDER Nº C 37441

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

			310-324-1223	DATE Jan B	8	20 16
IS AUTHORI	ZED BY:	Bena Pal				
			(NAME OF CUSTOMER)			
Address			City		State	
To Treat Well As Follows:	Lease Yu	154	Well No	Customer	Order No	
Sec. Twp. RangeS	37355	3-R2E	County Suma	20	State 🚣	
not to be held I implied, and no treatment is pay our invoicing de	iable for any dan representations yable. There will epartment in acc	consideration hereof it is agreed to mage that may accrue in connection have been relied on, as to what no be no discount allowed subseque ordance with latest published prich himself to be duly authorized to s	on with said service or treatmer nay be the results or effect of th ent to such date. 6% interest will e schedules.	nt. Copeland Acid Service ha ne servicing or treating said w II be charged after 60 days. T	s made no represell. The consider	sentation, expressed ration of said service
	JST BE SIGNED IS COMMENCED	Well C	Owner or Operator	Ву	Agent	
	T	AABILC			UNIT	
CODE	QUANTITY		DESCRIPTION		COST	AMOUNT
)	Purpelya for	alis unda			65000
	455%	60-40-470 Pe	3 257 Carles			504 25
	94 mile	lux viles s	spir two wells.			188 2
	10sode	60-40-400 PG	3/125/ on geon	B to got at land	%	112 50
			3			
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	55 Sal4	Bulk Charge m	in cla			130 02
	227 48	Bulk Truck Miles	7.00			250 23
	901	Process License I	ee on	Gallons		400
		T TOOCSS EIGENIGE I	00 011	TOTAL BILLING		
1						
manner		e material has been accept oction, supervision and con				
Station_	Buses	COM		Well Owner, Opera	tor or Agent	
Remarks	Ph	now @ 1,45				
			NET 30 DAVS			



TREATMENT REPORT

Type Treatment: Amt.

Type Fluid

Sand Size l'ounds of Sand

Date 1-28-14 District Bulleton F. O. No.					BkdownBbl./Gal.				
Company Bears Pet				0. 140	Bbl. /Gal.				
Company Search St. Well Name & No. 1457 Location. Field County State Vs.									
					FlushBbl. /Gal				
Casing: Size State Set at ft.					Treated from ft. to ft. No. ft. from ft. to ft. No. ft.				
				Set at					
			Perf	to	Actual Volume of Oll/Water to Load Hole:				
Formation:			Perf	to					
Formation: Perf. to.			Perf	to					
Liner: Sixe	Type & W	't	Top atf		Pump Trucks. No. Used: Std. 323 Sp. Twin Auxiliary Equipment Bulk 322				
					Packer: Set at ft.				
Per	forated from		ft. to		Auxiliary Tools Plugging or Sealing Materials: Type SSSeek, CO-40-450				
Onen Hole Siz	e	. T.D		B. toft.					
Commanu B	Representativ			2,520	Treater Man And				
TIME		SURES	Total Fluid						
a.m /p.m.	Tubing	Casing	Pumped		REMARÆS				
8:15				On la Je	SA Ris no to oly well				
:				Wice line à	00 loc. Road no Set CIBP & Dino but				
:			0	2 seeks Cer	most Load can w tank touch				
:			10831.	Cas Stonela	Aull break of coly hearly tie on 52				
:		500		Pressured in	\$ 50t				
:				Relevate &	1305' Fe book on cars take up to				
:				1000 th Could	I not make shoot a Fluid level down 8/8				
9:30				Shows cone	4 20 down Kig down too tubi				
-:-				000	2 112 11 210 2				
17:48			0		up Pun to 315 the a 4 street				
-:-			a RAI	my go	In back to Suclary Pall tolled				
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1:50				Phy one	150				
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