

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

1283896

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:				SecTwp S. R EastWest					
Address 2:				Feet from North / South Line of Section					
City:				Feet from East / West Line of Section					
Contact Person:			Footages	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	c County						
Water Supply Well C	Other:	SWD Permit #:	· · · · ·	County: Well #: Date Well Completed:					
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes		The plugging proposal was approved on:					
Producing Formation(s): List A	All (If needed attach another	sheet)	by:		(KCC Di :	strict Agent's Name)			
Depth to	Top: Botto	m: T.D	Plugging (Commenced:					
Depth to	Top: Botto	m: T.D	""	Plugging Commenced: Plugging Completed:					
Depth to	Top: Botto	m:T.D		o o mproto a r					
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Record (Surf	g Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us	. 00		•		ds used in introducing	g it into the hole. If			
Plugging Contractor License #:			Name:	ne:					
Address 1:			Address 2:						
City:			State:		Zip:	+			
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of County,			, ss.						
			Em	ployee of Operator or	Operator on abo	ove-described well,			

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.



FIELD ORDER Nº C 37440

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

			316-524-1225	DATE JON 28	ζ.	20 16
IO ALITHOR	ZED BY:	San Day		DATE OGIO SA	,	20
IS AUTHOR	ZED BA:	Ferr Fet	(NAME OF CUSTOMER)			
			City			
To Treat Wel As Follows:	Lease	485	Well No.	Customer	Order No	
Sec. Twp. Range			County Swiss	2-0	State	3
not to be held I mplied, and no reatment is pa our invoicing d	iable for any dar representations yable. There will epartment in acc	nage that may accrue in connec have been relied on, as to what be no discount allowed subsequent ordance with latest published pri	that Copeland Acid Service is to so ion with said service or treatment may be the results or effect of the ient to such date. 6% interest will ce schedules. sign this order for well owner or o	 c. Copeland Acid Service has e servicing or treating said we be charged after 60 days. To 	made no represell. The consider	entation, expressed of ation of said service of
	UST BE SIGNED IS COMMENCED	11.0		By	Agent	
	T	Well	Owner or Operator			
CODE	QUANTITY		DESCRIPTION		COST	AMOUNT
		Puno chy for	ply Jab			Co50 00
	75 sek	60-40-42 f	1 25 cock			84375
	PARIL	Line miles	ply Tab 22 1125/ sock. Shared two well	e 47 m/ 9 400/		188 =
		a was involve	Strategy 1000 hours	2- 111111111111111111111111111111111111		100
A-11						
	D=. h	Bulk Charge	2 2			1000
	75 Sect	Bulk Charge	min chy			150
	310 00	Bulk Truck Miles	to- mile			341=
		Process License	Fee on	Gallons		
				TOTAL BILLING		
			ted and used; that the about trol of the owner, operator			
Copeland	I Representativ	10 Jyn by	Control of the Contro			
Station_	Burk	Te-		W # 2		
Remarks	800 45	Pln 0# @12:	K	Well Owner, Operate	or or Agent	
i iomaiks		J	NET 30 DAYS			- 420



TREATMENT REPORT

Acid Stage No. RJ

		0			Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand	
Dute 1-2	8-14 2	intrict	Rter F.	O. No	Bkdown	Bbl./Gal			***************************************	
Company	Proue X	et .				Bbl. /Gal			***************************************	
Well Name & No. YMST 3				Bbl./Gal						
Location Field										
					Flush	Bbl. /Gal	•••••	**** **********************************	***************************************	
					Treated from	ft.	to	ft. No. 1	ſt	
Casing: Size.	4/2	Type & Wt		Set at		ft.				
				to		ft.				
				to						
				to	Actual Volume of	Oll/Water to Load	Hole:	·····	Bbl. /Gal.	
				t. Bottom atft.	Pump Teneks No	. Used: 81d. 32	3	Tr.		
				ft. toft.		ent				
Cen	nented: 1es/No.	. Periorated in								
Per	rforated from				Auxiliary 10018	34 . 4	75 cada	10-40-4	19	
								*		
Onen Hole Si	xe	T.D		B. toft.		1 0		Gala.	lb.	
Company	Representativ	'e			Treater	2 8/	<u> </u>			
TIME	And the Party of t	SURES	Total Fluid			1				
a.m /p.m.	Tubing	Casing	Pumped			REMARK	8			
12:20		Ì		R and	o found	Darke On	2.6	Polensco	U	
10:35		-	 	- 00		to frest O	1 61	Kolkersco	<u>x</u>	
.	-		1	THE DELLAND			les SV			
	-	-	0	1.20 0 MO	Stort W		in clown t	1 00	- 1 Oi a	
.	-	-	2801	Cotch person	ne Stort	mixy ga	overin r	10k. 5.80	Sek Sluke	
	-	 	HRBL	Boarde Cibe o	43	7 0	0		0	
	-	-	1588	10 screen Aux	y good	Slucy to	SURIGIA			
12:15				Bill they are	717	7	5 5=			
			1283	grick have	4000 HZ	4 top 0	100	7		
	ļ			Kan a shor	wine de	JUNE JUNE	of Hang	10 doi	VN	
:	L		-	from Syllie	~1					
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