

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

1288332

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 #:			AI	PI No. 15	5			
Name:				Spot Description:				
Address 1:			_		Sec Tw	vp S. R East West		
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:				
City:	State:	Zip:++	_					
Contact Person:			Fo					
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 Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.					County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:			
		m: T.D	1	Plugging Completed:				
		1.5						
Show depth and thickness of a	all water, oil and gas forma	ations.	•					
Oil, Gas or Water			Casing Reco	ord (Surfa	ace, Conductor & Produc	tion)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
					<u> </u>			
Describe in detail the manner cement or other plugs were us						Is used in introducing it into the hole. If		
Plugging Contractor License #: N			Name:	ame:				
Address 1:			Address 2: _					
City:			St	ate:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _		,	SS.				
	(52.41)			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



FIELD ORDER Nº C 37447

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

		DATE	el - 16	20 14
IS AUTHOR	IZED BY:	Brang for		,
		(NAME OF CUSTOMER)	01-1-	
T- T 14/-1	1	City		
As Follows:	Lease S	Conbeck Well No. 3	Sustomer Order No	
Sec. Twp. Range		County Cowley	State 🐰	\$
not to be held i implied, and no treatment is pa our invoicing do The undersi	liable for any da prepresentations yable. There wil epartment in acc	consideration hereof it is agreed that Copeland Acid Service is to service or treat at ormage that may accrue in connection with said service or treatment. Copeland Acid Service been relied on, as to what may be the results or effect of the servicing or treat liben or discount allowed subsequent to such date. 6% interest will be charged after experience with latest published price schedules. Service himself to be duly authorized to sign this order for well owner or operator.	whers risk, the hereinbefore Service has made no repres ing said well. The consider	e mentioned well and is sentation, expressed o ation of said service o
BEFORE WORK	IS COMMENCED	O By Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT	AMOUNT
	\	Pure chy for plu Job		650 00
	\	Poly trailer		250=
	160 Sect	Purp chy for ply Job Poly trailer (0-40-4% Poz 1125/such		1800 00
	50±	Hulls 40P/16 (90 miles total	4	20 ∞
	30 mile	Salit 3 wells 4 mile (90 miles total		1200
		Bulk Charge		30000
	63360	Bulk Truck Miles 10 to mile		696 96
		Process License Fee onGallons		
		TOTAL BIL	LING	1
manner (hat the above under the dire Representation	HOW. 4:00 PM. Wellow	performed in a good a whose signature appea mer, Operator or Agent	and workmanlike ars below.
		NET 30 DAYS		



TREATMENT REPORT

Acid Stage No.

		0			Type Treatment: Amt.	Type Fluid	Sand Size Pounds of Sand	
Dute 2-1	6-14 D	intelet Kur	PHO F.	O. No	BkdownBbl./Ga	L		
Company See For #3 Well Name & No. See Sech #3			Bbl./Gal					
					1			
A STATE OF THE STA	6		13.7					
County	owleq		State 4		4			
	3						ft. No. ft	
21/45/2014 COOP - 11/4/2014 COOP				Set atft.			ft. No. ft	
				to	from	ft. to	ft. No. ft.	
				to	Actual Volume of Oil /Water to	oad Hole:	(Bbl)/Gal.	
				to		303	Twin	
				t. Bottom atft.	Auxiliary Equipment Duk.			
				.ft. to	Packer:			
				n	Auxiliary Toute Poly teach	هــــ	Set at	
Pe	riorated from				l'lugging or Sealing Materials: T			
		97 IV	# N	B. toft.	ENGLANDER MODERNE ANDERS ENGLANDE STANDERS AND RESIDENCE A		Galalb.	
Onen Hole 8	и	. т.р		В. (б	//	11		
C	D				Treater L	161		
	Representativ	SURES	T =	1	- Treatti			
a.m /p.m	Tubing	Casing	Total Fluid Pumped		REMA	R/K S		
3:0				02 100 8	Synp Run po	land asc	1	
	 		0	Street min		Talia disc		
3 20	 		188)	Brenk Cm	(X4)	mun		
4:00		 	31881	Greed com	79	oull poly a	INT 160 sonk one	
H:30			219311	14)-63/- 10 0	Rack no Let L	CH POR	100000	
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