

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

1288346

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 #:			AF	PI No	. 15			
Name:				oot D	escription:			
Address 1:			_		Sec Tw	/p S. R East West		
Address 2:			_		Feet from	North / South Line of Section		
City:				Feet from East / West Line of Section				
Contact Person:			Fo	otag	es Calculated from Neares	st Outside Section Corner:		
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic C	ountv	r:			
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #: Date Well Completed:				
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1			oved on: (Date)		
Producing Formation(s): List A	All (If needed attach another	sheet)	by	r:		(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D	_{PI}	uaair	na Commenced:			
Depth to	Top: Botto	m: T.D		Plugging Completed:				
Depth to	Top: Botto	m:T.D		33	0 1			
				—				
Show depth and thickness of		ations.						
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)			tion)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us	. 00					ds used in introducing it into the hole. If		
Plugging Contractor License #:			Name:	ne:				
Address 1:			Address 2: _					
City:			St	ate: _		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _		,	SS.				
	(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 37445

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

			316-524-1225	DATE Feb 11	9	20 1(
	ZED BY:	2. 0.		DATE	4	
IS AUTHORI	ZED BY:	3	(NAME OF CUSTOMER)			
Address			City		State	
To Treat Wel As Follows:	Lease 🖖	nback	_ Well No5	Customer	Order No	
Sec. Twp. Range			_ County <u>Cowle</u>	4	State 🗼	\$
not to be held I implied, and no treatment is pa our invoicing de	iable for any dar representations yable. There wil epartment in acc	consideration hereof it is agreed that Co nage that may accrue in connection wit have been relied on, as to what may be be no discount allowed subsequent to ordance with latest published price sch himself to be duly authorized to sign the	th said service or treatmen e the results or effect of the such date. 6% interest will edules.	it. Copeland Acid Service has e servicing or treating said wo I be charged after 60 days. To	s made no repres ell. The consider:	entation, expressed or ation of said service or
	JST BE SIGNED IS COMMENCED			Ву	A	
	T	Well Owner	or Operator		Agent	
CODE	QUANTITY		DESCRIPTION		COST	AMOUNT
	\	Puno chy for o	de ml			650 00
	175 201	CD-40-400 P	2 8 11257 carl			1968 75
	0 1	WILL G PUBLI	(50 lb s	604)		40 =
	30 ml	· Split 3 wells				120 =
	,	Poly trails				2500
		1019 TENTE				W-0
				7.55		
					1	
						A. A. W
	- 1	C 1251	1			01075
	17550	Bulk Charge	ila-			218
	693	Bulk Truck Miles	or mile			762 =
		Process License Fee of	on	Gallons		
				TOTAL BILLING		
Copeland	that the above under the direct	e material has been accepted a ection, supervision and control of	nd used; that the abo of the owner, operator	ve service was perform r or his agent, whose si	ed in a good a gnature appea	and workmanlike ars below.
Station_	Dukle	ton-		Well Owner, Opera	tor or Agent	
Remarks	Ply	out @ Mide Am.	NET 30 DAYS			



TREATMENT REPORT

Type Treatment: Amt.

Sand Size Pounds of Sand

Type Fluid

0)	1 >1	Ω			Type Treatment: Amt.	Type Fluid	Sand Size l'ounds of Sand				
Date 3	Q-14 D	intrict. LOWRIE	F. (BkdownBbl. /Gal.						
Company Park			TO THE REPORT OF BUILDING THE PROPERTY OF THE								
Well Name & No.											
Location Field. County Cowks State S				. Bbl./Gal.							
County	owky		State 4								
					Treated from						
				Set atft.	(rom	.ft. to	ft. No. ft				
Formation:			Perf	to	from	.ft. to	ft. No. ft				
Formation:			Perf	to	Actual Volume of Oil/Water to L	nad Hole:	Bbl. /Gal.				
				to							
Liner: Sixe	Type & W	't	Top atft		Pump Trucks. No. Used: Std. 323						
Cem	nented: Yes/No.	Perforated from	om		Auxiliary Equipment Bulk 322						
Tubing: Size	۵ Wt		Swung at	ft. 1	Packer:	······	. Set at				
Per	forated from		ft. to		1/1						
				1	Plugging or Scaling Materials: To	pe 1755	60-40-4920				
Open Hole Siz		. T.D	ft. P.	3. toft.			Gulslb.				
					1	20 1					
Company 1	Representativ	e			Treater	16/1					
TIME		SURES	Total Fluid		REMAI	v a					
a.m yp.m.	Tubing	Casing	Pumped		REARI	I K B					
9 30		100		() Joc 5	TSA 8 40	Run pola	to 250'+				
9 45			0	Street miss	con down he	k. 5,8 50	a Slypper				
:			2 RB1-	Boul Cie	d all 85/8		0				
10:43			40 BB1	Carrol Carres	Dun 85/07 1	12 pull 01	nt paly ning				
10 1/2			10000	Too all to	sere closes	-	- 1- O PI				
-				100	Same Collins						
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