

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

1290135

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 #:			A	API No	. 15			
Name:				Spot Do	escription:			
Address 1:			-		Sec Tw	vp S. R East West		
Address 2:			-		Feet from	North / South Line of Section		
City:				Feet from East / West Line of Section				
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW				
Phone: ()								
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic C	County				
Water Supply Well	Other:	SWD Permit #:		-	Name: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)				
Producing Formation(s): List	All (If needed attach another	sheet)	b	oy:		(KCC District Agent's Name)		
Depth to	o Top: Botto	m: T.D	_	Dluggir	na Commenced:			
Depth to	o Top: Botto	m: T.D						
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.			
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Wate	r Records		Casing Red	ing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for ea	ach plug set.			
Plugging Contractor License #:			Name:					
Address 1:		· · · · · · · · · · · · · · · · · · ·	Address 2:					
City:			S	state: _		Zip:+		
Phone: ()								
Name of Party Responsible for	or 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 37446

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

			310-324	-1223	DATE Feb	VI.	aa \/
					DATE TEN	16	20_1/
IS AUTHOR	IZED BY:	Bene Par					
				CUSTOMER)			
			_ City			State	
To Treat Well As Follows:	Lease S	toback	Well No.	6	Custome	er Order No	
Sec. Twp. Range			County _	Cowley		State	ks
CONDITIONS: not to be held I implied, and no treatment is pa our invoicing do	As a part of the liable for any da representations yable. There will epartment in accordance in acco	consideration hereof it is agreed that Cop mage that may accrue in connection with s have been relied on, as to what may be il be no discount allowed subsequent to su cordance with latest published price sched s himself to be duly authorized to sign this	eland Acid S said service the results o ich date. 6% fules.	Service is to service or treatment. Co or effect of the ser 6 interest will be o	be or treat at owners ri- opeland Acid Service h vicing or treating said charged after 60 days.	sk, the hereinbefor has made no repre well. The conside	re mentioned well and in sentation, expressed of tration of said service of
	UST BE SIGNED IS COMMENCED)			By	· · · · · · · · · · · · · · · · · · ·	
	T	Well Owner or	Operator			Agent	
CODE	QUANTITY		DESCRI	PTION		COST	AMOUNT
	\	Purp chy for plu	7				6500
	\	Poly pails 85	و و				3.50 00
	155 sal	60-40-4% Poz	1125	Sock.			17435
	20th	Halls 40t Lb.					800
	30mil	+ Y3 ed of mily C1	100/	into (9)	Omiles total		1200
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				2			

				10.00	19-31140000		
	\	0,25/					100 75
	155 sul	Bulk Charge Serel	- 1	**			193 -
	C13 80	Bulk Truck Miles \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mit	٥	- 11		6.16
		Process License Fee on			allons		
					OTAL BILLING		
		e material has been accepted and ection, supervision and control of					
Copeland	Representativ	10 Jay 14/					
Station	BURRY	ton /					
Remarks_	Plan	120 1145			Well Owner, Oper	ator or Agent	4
nemarks_	- mg	1110	NET 30	DAYS			



TREATMENT REPORT

Type Treatment: Amt.

Acid Stage No.

Sand Size l'ounds of Sand

Type Fluid

_		() (
Company	Bear	* CD							
Well Name &	No. Sterk	sech C	2		Bbl./Gal				
Location			Field		Bbl. /Gal				
County Co	swlez		State /	Flush	Bbl. /Gal				
	7			Treuted	fromft. to	ft. No. ft			
Casing: Size 53 Type & Wt. Set at ft.			Set at	from					
Pormation: Perf. to			to	ft. to					
Formation:			Perf						
Formation:			Perf			3 BB /Cul			
Liner: Size	Type & W	/t	Top atf	Bottom atft. Pump T	rucks. No. Used: Std. 323	ßpTwin			
Cem	nented: Yes/No	. Perforated fr	om	ft. toft. Auxiliar	y Equipment Big 1 300				
				ft. Packer:	1	Set at			
				ft. Auxiliar	y Tools toly they ha				
				Plugging	or Sealing Materials: Type 1553	crebs 60-40-450			
then Hole Six	k	т. р.	ft. P.	l. 10		Gals. lb.			
					V. 201				
Company I	Representativ			Treat	er My Uy				
TIME		SURES	Total Fluid Pumped		REMARKS				
a.m /p.m.	Tubing	Casing	Pumped	,					
11:00				KG MA PUN	Pohy pige to 250				
h :10			0	Stoot Mixu	con down hole 5	Tsick Slykns			
:			3 BM	Break circo en	18	ď			
N:45	,		RIRBI	Correct Onest t	Suplaces 155 scales	- Cour			
:				pull soly out -	too off took do	(NZ)			
:				1					
:				Plm ant N:4	5 go after more	canand			
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