

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

1305854

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 N	No. 15			
Name:				Spot Description:			
Address 1:				Sec T	wp S. R East West		
Address 2:				Feet from	North / South Line of Section		
City:	State:	Zip:+		Feet from East / West Line of Section			
Contact Person:			Foota	ages Calculated from Near	est Outside Section Corner:		
Phone: ()				NE NW	SE SW		
Type of Well: (Check one)			ic Cour	nty:			
Water Supply Well			Leas	e Name:	Well #:		
	_	orage Permit #:	Date	Well Completed:			
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes			roved on: (Date)		
Producing Formation(s): List A			, ,		(KCC District Agent's Name)		
Depth to		m: T.D	I Plugo	ging Commenced:			
Depth to		m: T.D	Plugg	ging Completed:			
Depth to	o Top: Botto	m:T.D					
Ob d	all contain all and man famous						
Show depth and thickness of		ations.	0 : 0 :	(0.6			
Oil, Gas or Water				Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
cement or other plugs were us	. 00				ods used in introducing it into the hole. If		
Plugging Contractor License #:			Name:	me:			
Address 1:			Address 2:				
City:			State	:	Zip:+		
Phone: ()							
Name of Party Responsible fo	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 44096

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

	DATE	HPR1 15	20 14		
IS AUTHORIZED BY:	sear Pet	•	,		
	(NAME OF CUSTOMER)				
	City	State _			
To Treat Well As Follows: Lease	೬೧ Well No	Customer Order No.			
Sec. Twp. Range		Paunee State	Ks		
ot to be held liable for any damage nplied, and no representations have eatment is payable. There will be r ur invoicing department in accorda	ideration hereof it is agreed that Copeland Acid Service is to service or treatment that may accrue in connection with said service or treatment. Copeland be been relied on, as to what may be the results or effect of the servicing on discount allowed subsequent to such date. 6% interest will be charged not with latest published price schedules.	Acid Service has made no report treating said well. The cons	resentation, expressed deration of said service		
HIS ORDER MUST BE SIGNED EFORE WORK IS COMMENCED	Well Owner or Operator	у			
	Well Owner or Operator		Agent		
CODE QUANTITY	DESCRIPTION	UNIT	AMOUNT		
1 8	up change for top Plus		(650 =		
130scel (0-40-40 Poz P125/cnole		146250		
12 sader	0 0 1		21.40		
	(way mileys 4 mile		308=		
	- 1 source (miles)		300		
130 seun Bu	ilk Charge \25 Saele		162 50		
70	ulk Truck Miles		431 97		
3/8	Process License Fee on Gallons		731		
		BILLING			
I certify that the above ma manner under the direction Copeland Representative	terial has been accepted and used; that the above service n, supervision and control of the owner, operator or his age	was performed in a goo ent, whose signature app	d and workmanlike lears below.		
0					
Station Sulf-to-		/ell Owner, Operator or Agent			
Remarks Phy o	4 9126 NET 00 DAYO				
V	NET 30 DAYS				



TREATMENT REPORT

Acid Stage No.

. \		0			Type Treatment:	Amt.	Type Fluid	Sand Size	l'ounds of Sand	
Dute 4/18	5/16 01	strict	PVC F. C). No	Bkdown	Bbl./Gal	•••••		***************************************	
						Bbl. /Gal	•••••	*** ***********************************	***************************************	
Well Name &	No. Cours	er .			•	Bbl./Gal	•••••		••••••	
Location						Bbl. /Gal				
County	3/4/W	28 g	State	<u> </u>	The state of the s	Bbl. /Gal				
	1					ft				
				Set atft.		ft				
				to	from	n	to	ft. No. 1	<u>(t</u>	
				to	Actual Volume of	Oil/Water to Load	l Hole:		Bbl. /Gal.	
				to						
				Bottom atft.		o. Used: 8td				
				ft. toft.		nent				
				ft.						
Per	forated from		rt. to		Discrete or Menti	ng Muterials: Type.	130 saele	(00-40	- 4%	
		m is	4. 11.1	s. to		ky Grel				
Onen Hole Six	w				T.GAG	P	,			
Commany 1	Representativ				Treater	m. N				
TIME		SURES	Total Fluid				/_	2 Vi 00	All offices are all terrors and	
a.m p.m.	Tubing	Casing	Pumped			REMARK	8			
(a): 30				Last Bu	Reton					
8:00			0	On loc	S A ST	J. 200.	tie on	4200	775	
:			088h	Stept Wa	eter to	needle Cir		17		
:			4881	0 1 0		et mive	12 Ross	Gell		
8:45			27RN	Gel awa		mixy &	rois dolu-		5,6 Slybe	
:			HOBBIN	50 cach P	In an.	weehan	and don	, hole.		
:			45881	Lest to fi	Il Det of	way o	87	***		
:			0	Pull cas	up to	30010				
:			3881	Brenk CIR	a brue	Fixin, 4				
:			15 BBb	50 Sachy	awy v	gas desi	Don. ho	re		
9:12			17 BBb	Lex will	rest wa	1				
			100	Full Ca.		1	with pack	1~	1-1-1	
			1.9 BPP	To poork	CYRC.		wind	going o	Down Poble	
6:92			11886	30 sache		Jona Stur	y to sur	Darcy		
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