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

1307285

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	County: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	· · · · · · · · · · · · · · · · · · ·

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Formation Content		Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:			_ Name:				
Address 1:		Address	2:				
City:			State:	Zip:	_+		
Phone: ()			-				
Name of Party Responsible for Plugging Fe	es:						
State of	County,		_ , SS.				
	Print Name)		_ Employee of Operator or				
he for a forest shall a surround and shall be surround. The still be							

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.

Submitted Electronically

Acid & Cement		FIELD ORDER Nº C 44097
	BOX 438 • HAYSVILLE, KANSAS 67060	
	316-524-1225	
	DA	ITE A PRIL 25 2016
IS AUTHORIZED BY: Reselver U		
Address	City	State
To Treat Well As Follows: Lease	Well No. A	Customer Order No.
Sec. Twp. Range	County Harver	State X

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

By

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

		Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	I Pu	mp Chy for phy job		650 2
	3 Bay Ce	ein Chloride 300 Sack		9000
	35 serte C	lass A Com. 12 5/ gacks Bothers Plus		44625
	355erely 6	0-40-45 Poz 1125 537' Plum		812 75
	15552h (0-40-4 2 Poz 1125/ 300' to SURTan		174275
	aleserely Co	0-40-4% Poz 1125/seck Tey top of.		2925
	lemila '	Iway Promp tende milege at mile		24=
		0 1		
	25 Jaly Bulk	Charge 25 sade		312 75
	67 28 Bulk	Truck Miles min chya 150		10-
		Process License Fee onGallons		150
		TOTAL BILLING		
Certify th	at the above mate			

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative	
Station Burpton	
Remarks_ Plus out 1:30	Well Owner, Operator or Agent
	NET 30 DAYS

GUPELIND Acid & Cement

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TREATMENT REPORT

Acid Stage No.

		0			Type Treatment: Amt.	Type Fluid	Sand Size	l'ounds of Saud	
Date	25-14 1	DistrictBind	Rexur F.	0. No.					
Company	Kessler	J Well	Service	0.140			•••••	*****	
Well Name	& No IT.OR	N 121							
					,		••••••	••••••	
county	Jac vog		State4		FlushBbl. /Gal				
Casing: Size	Hz	Type & Wt.	93	Set atft.	Treated fromft.	to	ft. No. f	t	
					tromft.	to	ft. No. f	t	
				to	fromft.			and the second second of the Constantion Streaments	
				to	Actual Volume of Oil /Water to Load	Hole:			
Liner: Size.	Type & W	¥t		t. Bottom atft.	1				
Ce	mented: Yes/No	. Perforated f	rom	ft. to ft.	Pump Trucks. No. Used: Std. 323 Sp. Twin. Auxiliary Equipment Bulk 322				
Tubing: Size	e & Wt	(Swung at. Sh	x of 513 "	Packer:				
P	erforated from		ft. to		Auxiliary Tools				
		×			Plugging or Sealing Materials: Type	35 SCREW CAN	2		
Onen Hole S	ize			B. toft.	216 sack 60-4	0-4 20 toz		tb.	
Comment	Representativ				$Q_{\star} \sim Q_{\star}$				
TIME		SURES			Treater The h				
a.m /p.m.	Tubing	Casing	Total Fluid Pumped		REMARK	8			
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	-		8BB2	Crontown	iog addressing	low - hole		0000	
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