

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

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	PI No. 15	5			
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:			F	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)	il Well Gas Well	OG D&A Catho	dic	ounty:				
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:				
ENHR Permit #:	Gas Sto	orage Permit #:	_D	Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is wel	Il log attached? Yes		The plugging proposal was approved on: (Date)				
Producing Formation(s): List A				by: (KCC District Agent's Name)				
		om: T.D	I P	lugging (Commenced:			
		om: T.D	l P	lugging (Completed:			
Depth to	Top: Botto	om:T.D						
Show depth and thickness of a	all water oil and gas form	ations						
Oil, Gas or Water	-	duons.	Casing Rec	ord (Surfa	ace, Conductor & Produ	ction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
					g a sp			
Describe in detail the manner cement or other plugs were us		•						
Plugging Contractor License #:								
Address 1:			_ Address 2: _					
City:			S	tate:		Zip:	+	
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, .		,	SS.				
	(Print Name)			Em	ployee of Operator or	Operator on a	bove-described well,	
being first duly sworn on oath,		dge of the facts statements.	and matters h	erein cor	ntained, and the log of	the above-describe	ed well is as filed, and	

Submitted Electronically



PHA

FIELD ORDER Nº C 44804

BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225 DATE Tuly 20 20 16

IS AUTHOR	ZED BY:	Dean text	(NAME OF	CUSTOMER)			
Address						State _	
To Treat Wel As Follows:	l Lease <u>SU</u>	-CARISM	Well No.	#4	Customer Ord	der No	
Sec. Twp. Range		2	County _	Cowly		State _	Xs.
not to be held I implied, and no treatment is pa our invoicing de	iable for any da representations yable. There wil epartment in acc	consideration hereof it is agreed the mage that may accrue in connections have been relied on, as to what multiple in the modiscount allowed subseques cordance with latest published prices himself to be duly authorized to subseque the modern of the moder	n with said service ay be the results on to such date. 69 schedules.	e or treatment. Copela or effect of the servicin 6 interest will be charg	nd Acid Service has ma g or treating said well.	ade no rep The cons	presentation, expressed o ideration of said service o
	UST BE SIGNED IS COMMENCED)Wall O			Ву	450	nt
	T	Well O	wner or Operator			Age UNIT	
CODE	QUANTITY		DESCRI	PTION		COST	AMOUNT
	\	Purpohra Gos	ply J	·der			650 cm
	100 Sent	Pup chan for	Poz RJII	25/ sack.			11.950
	94 mil	y Pump truck	nilera s	solit 2 m	elle		188 2
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	10000	Bulk Charge Min	aly				150=
	H1080	Bulk Truck Miles	to m	rile			4540 10
	,	Process License F	ee on	Gallor	ns		
				TOT	AL BILLING		
manner	under the dire	e material has been accepte ection, supervision and control					
Copeland	Representativ	" SINGE I					
Station	Bul	K/or '		***************************************	Well Owner, Operator or	Agent	
Remarks_	Phu	1010 1:30	NET 30	DAVE	Treil Owner, Operator of	Agont	
			NE 1 30	DAIS			



TREATMENT REPORT

Ania Stage No AT

					Type Treatment: Amt.	Type Fluid	Sand Size Pounds of Sand			
Date		istrict	r .	D. No	Bkdown	Bbl. /Gal				
Company Bear Pet Well Name & No. BUCA Ris #4				••••••						

Location		• • • • • • • • • • • • • • • • • • • •	Field		•					
County Con State 43					l .	196				
					Treated from					
				Set atft.			ft. No. ft			
Formation:			Perf	to	from	ft. to	ft. No. ft			
Formation:			Perf	to	Actual Volume of Oil/W	ater to Load Hole:	Bbl. /Gal			
Formation:			Perf	to						
				. Bottom atft.	Pump Trucks. No. Used	(Std.) (Sp	Twin			
				ft. toft.						
				ft.	Packer: Set at					
Per	forated from		ft. to	tı.	Auxiliary Tools	120 50	. CO-40-473 FBS			
					Plugging or Scaling Mate	erials: Type 100 Sel	10-10-1 4 tos			
Open Hole Siz	e	. Т. D		3. toft.			Gals			
Company I	Representativ	e			_ Treater	~ B/				
TIME	PRES	SURES	Total Fluid		R	EMARKS				
a.m /p.m.	Tubing	Casing	Pumped			7				
:				&n no	Wirelin wi	och done-				
12:30				8ng 8,20.	who toby	to 253 the	or tubie			
1:15			0	Stepet it	ixi segld	DWn hale 5	19 Seek Slivery			
:			SBBI	Break CIRC	on Buddice	H3 RPD 1	arte V			
1:25	•		DARBL	· Good 3/40	y mp 53 +	898 pull tu	the our			
:			29 BB1	Saverly we	17-4 top	of jeb sacks	Bluers			
1:00				0						
2:00				wish up	tear daw	N				
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