

**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

1313760

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 #:			I AP	I No. 15 -					
Name:				Spot Description:					
Address 1:						wp S. R			
Address 2:					Feet from	North / S	outh Line of Section		
City:				Feet from East / West Line of Section					
Contact Person:				Footages Calculated from Nearest Outside Section Corner:					
Phone: ( )				1	NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic Co	untv.					
Water Supply Well C	Other:	SWD Permit #:		County: Well #:					
ENHR Permit #:	<del></del>	rage Permit #:	<sub>Da</sub>	Date Well Completed:					
ls ACO-1 filed? Yes	No If not, is well	log attached? Yes					(Date)		
Producing Formation(s): List A	•	,				(KCC <b>I</b>	District Agent's Name		
Depth to	o Top: Botto	m: T.D	<sub>Plu</sub>	ıaaina Comm	enced:				
Depth to	o Top: Botto	m: T.D							
Depth to	o Top: Botto	m:T.D		00 0 1					
Show depth and thickness of a		ations.							
Oil, Gas or Water			Casing Recor	ng Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Set	ting Depth	Pulled Out			
1									
Describe in detail the manner cement or other plugs were us		-	•			ds used in introduci	ng it into the hole. If		
Plugging Contractor License #:									
Address 1:			Address 2:						
City:			Sta	ite:		Zip:	+		
Phone: ( )									
Name of Party Responsible fo	or Plugging Fees:								
State of	County, _		, s	S.					
				Employe	e of Operator or	Operator on a	bove-described well,		

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.

(Print Name)



P+A

FIELD ORDER Nº C 44808

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

			316-524-1225	DATESTURY	22	20 16
		_		DATE	da	20
IS AUTHOR	IZED BY:	Bean Pet	(NAME OF CUSTOMER)			
Address					State	
	Lease SV	-CA Risin		Customer		
Sec. Twp.		7	County Cowler		120	
Range				1		
not to be held implied, and no treatment is pa our invoicing d The unders	liable for any dar o representations yable. There wil epartment in acc igned represents	consideration hereof it is agreed that Cop nage that may accrue in connection with have been relied on, as to what may be be no discount allowed subsequent to so ordance with latest published price schet himself to be duly authorized to sign this	said service or treatment. the results or effect of the such date. 6% interest will buildes.	Copeland Acid Service has servicing or treating said we charged after 60 days. T	s made no represe ell. The considera	entation, expressed o ition of said service o
	UST BE SIGNED IS COMMENCED	Well Owner or	Operator	Ву	Agent	
	T	Well Owner of			UNIT	AMOUNT
CODE	QUANTITY		DESCRIPTION		COST	AMOUNT
	1	CO-40-4% Poz	1/m Job			6500
	140 sul	60-40-4% Poz	11 2 Breh			1575=
	94 mil	I way pump to	ch. Hall m	.l.		376
		-				
				****		
			*			
		A 20 P				
	1					1.0
		Q.00				
	140 sout	Bulk Charge	٨.			176-
	57900	Bulk Truck Miles \\ \tau_{n}	mile			636 24
		Process License Fee on	)	_Gallons		
				TOTAL BILLING		
Copeland	that the above under the dire	e material has been accepted and control of	d used; that the above the owner, operator o	e service was perform or his agent, whose si	ed in a good a gnature appea	nd workmanlike rs below.
Station_	0	O.E		Well Owner, Opera	tor or Agent	<del></del>
Remarks	Th	our 12#	NET 30 DAYS			
	_	<u>ي</u>	MEISUDAIS			



## TREATMENT REPORT

			1	
		7	H1	
Acid	Stage	No.	I V	

			- >		Type Treatment:	Amt.	Type Fluid	Sand Size	l'ounds of Saud
Dute 7-22 C Platrict Burston F. O. No.				Bkdown	Bbl. /Gal			•••••	
Well Name & No SU - CA Q SING TO Location Pield									
				•					
County	owly		State.		Flush				
	رادا				Treated from				
Casing: Size	43	Type & Wt		Set at			to		
				250 6851	from		to		•
				to	Actual Volume of C	il/Water to Load	Hole:		Bbl. /Gal.
				to	Pump Trucks. No.	30	3		
				. Bottom atft.	Auxiliary Equipmen				
				ft. toft.	Packer:				
				ft.					
Per	forated from		rt. to	tt.	Auxiliary Tools Plugging or Scaling	Muterials: Type	140 Scales	60-40-	4° 762
100 0 100			4 11				gg		
then Hole Six	e	т.р		B. to	1	0.4			
<i>(</i> ) <i>(</i>		_			Treater /	un Al	1		
	Representativ		Total Fluid			1 1			
TIME a.m /p.m.	Tubing	Casing	Pumped			REMARK	8		2
		productive transfer		0-10-5	ICA D.	la ca	Vil41 Stin	20 1240	unok alon
10:15				TI- 63	(D' +12)	Sout test	2 Stevel	mire	1 600
11:30			0	dowals	5.99	screte SI	idnie		200
11.30			19 RR1	assa Cen	not uso	Supleres	4 H3	lan t	ight don
12:25	-		22 881	Steely 4	2 in The	2 02 7	pole 3 1	3BN do	retor
10 955			CASURI	of Essert Ci	Re				
:				LASK De	of of w	0000	JUCA R	WEN TE	147
:				Used 2	Diener .	total 1	raced 14	O Sdeler	
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