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

1318261

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:	Sec Twp 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:	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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Settem: TD	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:

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

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

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 F	ees:			
State of	County,	, SS.		
	(Print Name)		ator or Operator on a	
	I have be available of the factor of the	includes the second second terms in the second state of the second	- I f the h	a deserved the set of the state of the set o

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.

BOBBELEIND		FIELD ORDER № C 44235
Acid & Cement	• HAYSVILLE, KANSAS 67060	
	316-524-1225 DA1	TE 9-1 20/6
IS AUTHORIZED BY: L. D. DRILLIN	(NAME OF COSTOMER)	
Address	City	State
To Treat Well As Follows: Lease <u>HejNY</u>	Well No 7	Customer Order No.
Sec. Twp. 23 -165 - 15W	County BARTON	State K3.

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 involcing department in accordance with latest published price schedules.

Βv

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

	10 COMMENCED	Welt Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	25	Mileage PICKUD	2.00	50.00
2	25	MILEAGE PUMPTRUCK	4.00	100.00
2	1	PUMACHO PLUD	650,00	650.00
2	3005x	60-40 Poz 4% Gel	10,75	3225.00
2	5 sx	Gel	22.00	110,00
2	8 GX	Hulls 400#	.40	16.00
		(M)		
2	31300	Bulk Charge	1,25	391.25
2	25	Bulk Truck Miles / 3,95 x = 348,75 × 1.10 =		383,63
		Process License Fee onGallons		
		TOTAL BILLING		5069.88

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.

YADZA. Copeland Representa JAMIE , K5. 15 Station

Remarks.

Acid & Cement

TREATMENT REPORT

Acid	Stage	Nα.

							Type Fluid		Pound	s of Sand
			BEND KS. F.O. N	lo. 44235	Bkdown					
	L. D. DRILLING									
	& No. HEJNY		Field							
	BARTON	03~1344	ST KANSAS		Flush					
county				and a contract of the second					No. ft.	0
Casing:	Size 5 1/2	Turso 8. WH		Set at 3571" ft.	Treated from from		t. to		No, ft.	****
Formation:			Perf.		from	'	t. to		No. ft.	_
Formation					Actual Volume of Oil / W	The rest of the local division of the local				Bbl./Gal.
Formation				to				MIC OF LE		
	ze Type &	Wt.	Topat ft.	Bottom atft.	Pump Trucks. No. U	lsed: Std.	365 Sp.		Twin	
				ft. toft.				327		
					Personnel GREG TIN					_
			ft. to		#NAME?					
					Plugging or Sealing Mate	erials: Type				
Open Hole	Size	T.D.	ft. P	.B. toft.				Gals.		lb.
Company F	Representative		JAMIE HA	RRIS	Treater		DUAN	E		
TIME	PRES	SURES	Total Fluid Dunned			DEMADING				
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS				
1000AM				ON LOC						
1015AM			0	FIRST PLUG 1450	D' WITH 1255X	60-40 POZ	4% GEL 20	OLBS HU	LS	
			31.83 BBLS	CMT MIXED						
			Ō	START DISPLACE	MENT					
1030AM			18BBLS	DISPLACEMENT	IN					
1100AM			0	SECOND PLUG 1	000' WITH 50S	X 60-40 PC	DZ 4% GEL :	100LBS H	ULLS	
			12.73 BBLS	CMT MIXED						
			0	START DISPLACE	MENT					
1115AM			10 BBLS	DISPLACEMENT	IN					
1130AM			0	THIRD PLUG 600)' WITH 50SX 60	0-40 POZ 4	% GEL 100	LBS HULL	S	
			12.73BBLS	CMT MIXED						
			0	START DISPLACE	MENT					
1145AM			2BBLS	DISPLACEMENT	IN					
1200PM			0	CEMENT FROM	300' TO SURFA	CE WITH 7	5SX 60-40	POZ 4% G	iEL	
1215PM			19.10BBLS	GOOD RETURNS	TO SURFACE					
				JOB COMPLETE						
				THANK YOU						
l			-							