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**

1320744

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

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Casing 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) Fees:			
State of	County,		, SS.	
	(Print Name)		_ Employee of Operator or	Operator on above-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.



FIELD ORDER Nº C 44338

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

DATE 10-10	20/6

IS AUTHORIZED BY: A. D. D. D. R. lag. I. M.	(NAME OF CUSTOMER)	
Address	City	State
To Treat Well As Follows: Lease Dodge	Well No. 1-31 Customer Or	der No
Sec. Twp. 31-175-13w	county BARTON	State K5.

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___

	IS COMMENCED	Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	15	MileAge Pickup	2.00	30.00
2	15	Mileage PumbTRUCK	4.00	60.00
2	1	Pump Chq. (P.T.A.)	650.00	650,00
2	2505x	60-40 Poz. 490 Gel		2687.52
2	5-X	ADD Gel	22.00	
2	85%	Hulls (400165)	.40	160,00
2	2.63	Bulk Charge	1.25	328.75
2	15	Bulk Truck Miles 11, 5-25= 179.875 x 1.10 :		190.16
		Process License Fee onGallons		
		TOTAL BILLING		4216.41

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 DUANE RADZEK		-15% 632.40
		3583,95
Station GT. Be.Nd, KS.	JAMIE HARRIS Well Owner, Operator or Agent	



TREATMENT REPORT

Acid Stage No.

Acid de Gemeine mil								
			Type Treatment:		Type Fluid		Pound	s of Sand
Date 10/10/2016 District GREA	T BEND KS. F.O. N	lo. 44338	Bkdown					
Company L. D. DRLG. INC.								
Well Name & No. DODGE #1-31				Bibi./Gai.				
Location 31-17S-13W	ST KANSAS							
County BARTON	SI KANSAS							0
		4. 1010		f	t. to		No. ft.	
Casing: Size <u>4 1/2</u> Type & W	·	Set at	from		it. to		-	
Formation:								Bbl./Gal.
		to	Actual Volume of O	il / Water to Load Hol	e:		and the state	bolly Gall
Formation:	Perf.	to	-		210 6		Turks	
Liner: Size Type & Wt.			Pump Trucks.	No. Used: Std.	<u>510</u> sp	-308T	- (WIE) -	
Cemented: Perforated			Personnel DUANI	E TIM GREG	10.	, 5001		
Tubing: Size & Wt.			#NAME?					-
Perforated from	ft. to		4 -	Mataziala Tuna				
	<i>6</i> 0	0 to 6		Materials: Type		Gals		lb.
Open Hole Size T.D.	п. P.	.B. toft.	1					
	JAMIE HA	DDIC	Trastar		DUAN	E		
Company Representative			Treater					
TIME PRESSURES				REMARKS				
		ON LOC						
1025AM								
	25.5 BBLS	FIRST PLUG 131	3' WITH 100	SX 60-40 PO	7 4% GEL			
	23.5 0013	FIRST FLOG ISI	5 10111100	3/ 00 401 0				
	10.5BBLS	SECOND PLUG A	T 850' WITH	1 405X 60-40	PO7 4% GF	1		
	10.30003	SECOND FLOG F	1050 Will	1405/ 00 10				
	10.5BBLS	THIRD PLUG AT	600' WITH /	INSX 60-40 P	07.4% GEL			
	IU.SBBLS	THIRDPLOGAT	000 0001114	03/ 00-401				
		CIR CMT TO SU		555X 60-40 I	PO7 4% GEI	GOOD	MT RF	TURNS
	14.05BBLS	CIR CIVIT TO SUT	VEACE WITH	JJJX 00-401				
	0.000010	TOP OFF 8 5/8"	CCC WITH 1	ESV 60 40 D	17 4% GEL			
	3.82BBLS	TUP UFF 8 5/8	CSG WITH I	55X 00-40 FV				
1225PM		JOB COMPLETE						
		THANK YOU						
	_							
			_					