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**

1324859

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 #:	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 #:	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging P
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	Content	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:	Name:					
Address 1:		Address 2:						
City:		State:	Zip:	+				
Phone: ()								
Name of Party Responsible for Plu	ugging Fees:							
State of	County,	, SS.						
	(Print Name)	Employee of O	perator 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.

Acid & Cement		FIELD ORDER Nº C 44852
ACIA & Cement Box 4	38 • HAYSVILLE, KANSAS 67060 316-524-1225 DA ⁻	TE NOV 291 2016
IS AUTHORIZED BY: BRAR PRP	(NAME OF CUSTOMER)	
Address	City	State
To Treat Well As Follows: Lease Danktz	Well No	Customer Order No
Sec. Twp. Range	County Butter	State K

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__

Anost

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_

CODE QUANTITY DESCRIPTION U	JNIT OST	AMOUNT
1 Pump chyp for Pluy Job		(20 cd)
12050de 60-40-4420 Poz @ 1257 sack.		1350
Commits I way pup truck mility split 5 wells		53 60
1 Poly trailer Restand		250 2
comity Pick up miley 2 mile Road they		53 60
120 Soul Bulk Charge 227 Book		150 -
353 Bulk Truck Miles 10 to- mile		389 14
Process License Fee onGallons		
TOTAL BILLING		

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	R/	
StationBurgeton		

Remarks_

Well Owner, Operator or Agent

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. RJ

Date Ma	19/14 D	Intrict BEIRF	4. F. (D. No	Type Treatment: Bkdown	Amt. Bbl. /Gal	Type Fluid	Sand Size	Pounds of Sand
Company	Berr Y	let.				Bbl. /Gal			•••••••
Well Name &	No. Dan	st= #3				Bbl. /Gal			
Location			Field			Bbl. /Gal			•••••••
County	Butlen		State 2		Flush	Bbl. /Gal		•••• ••••••	••••••
	-1					ft.		00000000000000000000000000000000000000	
Casing: Size	53			Set atft.		ft.			
				to		ft.			
				to	Actual Volume of	Oll/Water to Load	Hole:	3	Bbl. Cal.
				to		0. Used: 81d. 32			0
				. Bottom atft.		ent Bulk 30			in
				ft. toft.			,		
				ft.					
Per	forated from		ft. to		Auxiliary Tools	ng Materials: Type	120 Sel	60-40-	-42 Paz
					l'iugging or Seall				
Own Hole Siz	e	T.D.		3. toft.		7			
Company I	Representativ	And the second			_ Treater	Ingo Ve			and the second office and the
TIME a.m /p.m.	PRES	Casing	Total Fluid Pumped			REMARK			
12:00			0	Rinn 1	mn poly	to 285	Staft V	usition +	to local
:			SBBI.	Broke cie	e or Sur	tace pipe	+ caring		
12:15			0	Storet M	in you	down h	of 505	the Slykh	Lys
:			25 BBb	120 sach	Out do	all coment	both SI	dies	1
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