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

1324862

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)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:

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

Oil, Gas or Wate	er Records	Casing Record (Surface, Conductor & Produc		tion)	
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:		
Address 1:		Address 2:		
City:		State:	Zip:	+
Phone: ()				
Name of Party Responsible for Pl	ugging Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operato	or 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.

Acid & Cement

FIELD ORDER Nº C 44854

BOX 438 • HAYSVILLE, KANSAS 67060

	316-524-1225	DATE NOV 30	20_16
IS AUTHORIZED BY: BRAK PR-+	(NAME OF CUSTOMER)		
Address	_ City	State	
To Treat Well As Follows: Lease GREAR -Dame TZ	Well No. SWD	Customer Order No.	
Sec. Twp. Range	County Bertler	State	Ks

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_

		Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
)	Popehy for plug Job		650 2
	brock	13 60-40-400 for 11257 seek.		2475-02
	1	Poly-Treath Rental s Proportice miley Split Swells Pick up miley split same pourd thip		250 00
	6 mil	& Promp Truck miley Split 5 wells		53 60
	comit	Pick up mileye split same poure thip		53 62
		Bulk Charge 257 Seele		275-2
	645 59	Bulk Truck Miles 10 (ton mile		71342
		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	2/
StationBURRton	Well Owner, Operator or Agent
Remarks Pluy out 411	NET 30 DAYS



TREATMENT REPORT

Acid Stage No. RJ

Date 11-30-140 Platrict Birk Company Bell Part Well Name & No. St. Das & - Dame Location County Brites Casing: Size 14 Formation: Formation: Formation: Liner: Size Type & Wt.	Field State Perf. Perf.	Set at	Bbi Bbi Flush Bbi Treated from	./Gal. ./Gal. ./Gal. ./Gal. ./Gal. ./Gal. ./ft. to. 	Sand Size Pounds of Saud
Cemented: Yes /No. Perforated fr Tubing: Size & Wt Perforated from	Swung at		Packer: Auxiliary Tools Rolling Plugging or Sealing Materi	perily als: Type 220 Such	3 Set ut. ft. 4 Paz. (inta. lb.
Company Representative	Total Fluid Pumped		Treater Treater RE	MAR¥8	
$ \begin{array}{c} 10:30 \\ \vdots \\ \vdots \\ 11 \\ 15 \\ 2:30 \\ 3 \\ 15 \\ \vdots \\ 15 \\ 15 \\ 15 \\ 15 \\ 15 \\ 15 \\ 15 \\ 15$	338512 4 338512 4 0 5 148512 1	Right poly Hear poly Toper min Col soules Diret min Col soules Diret min Col soules Diret poly Hear close Hear close Diret min Hear close Diret min Hear close Diret min Diret min Di	e on 1034 pipe to 265 y coin daw pope out p pipe out p move to truck locul to 260 xi gon dou	2 800' dain met Weter hole. 5 sich ver cangot s pe was che Can gerox	30 BBI