



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1325058
OIL & GAS CONSERVATION DIVISION

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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage 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)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 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 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: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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.

Submitted Electronically

COPELAND

Acid & Cement

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Page: 1

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620)

**INVOICE NUMBER:
 C44475-IN**

BILL TO:
RUPE OIL COMPANY, INC.
P.O. BOX 783010
WICHITA, KS 67278-3010

LEASE: HILLMAN JENNIE #1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/23/2016	C44475		11/18/2016		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
11/17/16						
40.00	MI	MILEAGE CEMENT PUMP TRUCK		15.00	4.00	136.00
40.00	MI	MILEAGE PICKUP TRUCK		15.00	2.00	68.00
1.00	EA	CEMENT PUMP CHARGE - PLUG		15.00	650.00	552.50
11/18/16						
40.00	MI	MILEAGE PICKUP TRUCK		15.00	2.00	68.00
1.00	EA	CEMENT PUMP CHARGE - PLUG		15.00	650.00	552.50
470.00	SK	60/40 POZ 2% GEL MIX		15.00	10.75	4,294.63
9.00	SK	2% ADDITIONAL GEL		15.00	22.00	168.30
250.00	LB	COTTONSEED HULLS		15.00	0.40	85.00
479.00	EA	BULK CHARGE		15.00	1.25	508.94
845.20	MI	BULK TRUCK - TON MILES		15.00	1.10	790.26
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		7,224.13
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		TRECO Sales Tax:		88.40
		NET 30 DAYS		Invoice Total:		7,312.53

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas



FIELD ORDER N° C 44475

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

DATE 11/18/16 20

IS AUTHORIZED BY: Rupe Oil (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well _____
 As Follows: Lease Hillman Ionic Well No. 1 Customer Order No. _____
 Sec. Twp. _____
 Range _____ County Trego 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.

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

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
		<u>11/17/16</u>		
2	40	mileage pump truck	4. ^{00/}	160.00
2	40	mileage pickup	2. ^{00/}	80.00
2	1	Pump Charge - Plus <u>11/18/16</u>		650.00
	<u>+</u>			
2	40	mileage pickup	2. ^{00/}	80.00
2	1	Pump Charge - Plus		650.00
2	470	60/40 gal. 2% sol.	10. ^{75/}	5,052.50
2	9	2% add sol.	22. ^{00/}	198.00
2	250 #	Hulls	.40	100.00
2	479	Bulk Charge	1. ^{25/}	598.75
2		Bulk Truck Miles $21.137 \times 40m = 845.2 \text{ Tm} \times 1.10/$	1. ^{10/}	929.72
		Process License Fee on _____ Gallons		8,496.97
TOTAL BILLING			15%	1,274.84

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 Nathan W.

7224.18

Station G.B

Kelso
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

TREATMENT REPORT

Acid Stage No. _____

Date 11/17/2016 District G.B. F.O. No. C44475

Company Rupe Oil

Well Name & No. Hillman Jennie #1

Location _____ Field _____

County Trego State KS

Casing: Size 4.5" Type & Wt. _____ Set at _____ ft.

Perforation: _____ Perf. _____ to _____

Perforation: _____ Perf. _____ to _____

Perforation: _____ Perf. _____ to _____

Inner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.

Cemented: Yes No Perforated from _____ ft. to _____ ft.

Swaging: Size & Wt. 2" Swung at _____ ft.

Perforated from _____ ft. to _____ ft.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: _____ Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____

Bkdown _____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

_____ Bbl./Gal. _____

Flush _____ Bbl./Gal. _____

Treated from _____ ft. to _____ ft. No. ft. 0

from _____ ft. to _____ ft. No. ft. 0

from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 365 Sp. _____ Twin _____

Auxiliary Equipment 360/310

Personnel Nathan-Jordan-Mike

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Kelso Treater Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
0:00	2"	4.5"		On Location. 11/17/16
				Load hole and mix 100sks 60/40poz 4%gel with 150# Hulls at 3900'
				Pull tubing.
				11/18/2016
				Perf and run tubing. Tag cement at 2770'
				Mix 100sks with 100# Hulls at 2770'
				Mix 160sks at 1395' Circulated cement to surface.
				Top off with 40sks
				Tie on annulus and mix 70sks at 200#
				Thank You!
				Nathan W.