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

1325779

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 #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. T.D.	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:
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:
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.



Page: 1



Acid & Cement

(620) 463-5161 FAX (620) 463-2104

BURRTON, KS 🍐 GREAT BEND, KS (620) 793-3366 FAX (620)

(316) 524-1225

(316) 524-1027 FAX

INVOICE NUMBER: C44858-IN

LEASE: ROTH WELL #10

DATE ORDER SALESMAN **ORDER DATE PURCHASE ORDER** SPECIAL INSTRUCTIONS 12/16/2016 C44858 12/06/2016 **NET 30** QUANTITY U/M **ITEM NO./DESCRIPTION** D/C PRICE **EXTENSION** 1.00 EA **PLUG JOB - BID PRICE** 0.00 1,900.00 1,900.00 (TANK TRUCK INCLUDED) COB **REMIT TO:** 1,900.00 Net Invoice: P.O. BOX 438 SUMCO 133.00 Sales Tax: HAYSVILLE, KS 67060 FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. 2.033.00 Invoice Total: **RECEIVED BY NET 30 DAYS**

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

Copeland Acid & Cement Is a subsidiary of Gressel Oil Field Service

Gressel Qil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

BILL TO: BUFFALO OIL CO., LLC P.O. BOX 6 OXFORD. KS 67119



FIELD ORDER Nº C 44858

BOX 438 • HAYSVILLE, KANSAS 67060 **316-524-1225** DATE 12 - 6 20 16

NOB

IS AUTHORIZED BY: Buffab Oil & Gag	5 LLC	
Address POPor (o	(NAME OF CUSTOMER). CityCity	State 72. 6719
	Well No. 10	_ Customer Order No
Sec. Twp. Range	County Synn we	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.

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
	1	PlyJob bid by Dick		1900 🐃
		Tank Truck included.		
	ļ			
	<u> </u>	Bulk Charge	 	
		Bulk Truck Miles		
	<u> </u>	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, solvervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative_

Station Burger

Remarks

Well Owner, Operator or Agent

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. 95

		~			Type Treatment:	Amt.	Type Fluid	Sand Size	l'ounds of Sau
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