

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

KANSAS CORPORATION COMMISSION 1329783
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

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

INVOICE NUMBER:
C44421-IN

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

LEASE: DONALD KIHN #1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/31/2016	C44421		12/28/2016		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
30.00	MI	MILEAGE CEMENT PUMP TRUCK		10.00	4.00	108.00
30.00	MI	MILEAGE PICKUP TRUCK		10.00	2.00	54.00
1.00	EA	CEMENT PUMP CHARGE - PTA		10.00	650.00	585.00
1.00	EA	CEMENT PUMP CHG - PTA 12/29/16		10.00	650.00	585.00
160.00	SK	COMMON CEMENT		10.00	12.75	1,836.00
9.00	SK	CALCIUM CHLORIDE		10.00	30.00	243.00
150.00	LB	COTTONSEED HULLS		10.00	0.40	54.00
172.00	EA	BULK CHARGE		10.00	1.25	193.50
234.60	MI	BULK TRUCK - TON MILES		10.00	1.10	232.25
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,890.75
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		ELSCO Sales Tax:		87.75
RECEIVED BY		NET 30 DAYS		Invoice Total:		3,978.50

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 Oil 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.



TREATMENT REPORT

Acid Stage No. _____

Date 12/28/2016 District GREAT BEND KS. F.O. No. 44421
 Company RUPE OIL CO. INC.
 Well Name & No. DONALD KIHN #1
 Location 25-155-9W Field _____
 County ELLSWORTH ST KANSAS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 8 5/8 Type & Wt. _____ Set at 240' ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: _____ Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

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. 320 Sp. _____ Twin _____
 Auxiliary Equipment 360-310T
 Personnel DUANE GREG AARON
 #NAME? _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative _____ Treater DUANE

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1130AM				ON LOC
			3.15 BBLS	FIRST PLUG AT 3066' WITH 15SX COMMON 3%CC
			7.35 BBLS	SECOND PLUG AT 2660' WITH 35SX COMMON 3% CC AND 100 IBS HULLS
			7.35 BBLS	THIRD PLUG AT 950' WITH 35SX COMMON 3% CC AND 50 LBS HULLS
445PM				DONE FOR THE DAY
				12/29/2016
830AM				ON LOC
			10.50BBLS	CIR FROM 290' TO SURFACE WITH 50SX COMMON 3% CC
			5.25 BBLS	TOP OFF WITH 25SX COMMON 3% CC
1100AM				JOB COMPLETE
				THANK YOU