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

1347917

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

Spot Description: Spot	OPERATOR: License #:			AP	l No. 15				
State Zip Feet from North / South Line of Section Street Feet from Street Feet from Street Feet from Street Feet Feet Feet Feet Feet Feet Feet				I					
City:	Address 1:			_	Sec	c Twp S.	R East West		
Contact Person: Fhone (Address 2:			_	Fe	eet from North	/ South Line of Section		
Phone (City:	State:	Zip: +	_	Feet from East / West Line of Section				
Type of Wellt; (Check one)	Contact Person:			Foo	otages Calculated fro	m Nearest Outside	Section Corner:		
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top:	Phone: ()				NE	NW SE	sw		
Water Supply Well Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	untv.				
ENIR Permit #:	Water Supply Well	Other:	SWD Permit #:		•				
As ACC-1 filed?	ENHR Permit #:	Gas Sto	orage Permit #:						
Depth to Top:	Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes		•				
Depth to Top:	Producing Formation(s): List /	All (If needed attach anothe	r sheet)	by:			_(KCC District Agent's Name)		
Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Size Setting Depth Pulled Out 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 zeroent 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: Zip: +	Depth to	o Top: Botto	om: T.D						
Show depth and thickness of all water, oil and gas formations. Oif, 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 sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Name: Name of Party Responsible for Plugging Fees: State of County, , ss.	Depth to	o Top: Botto	om: T.D						
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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Phone: () Name of Party Responsible for Plugging Fees: State of County,, ss.	Depth to	o Top: Botto	om:T.D		gging Completed.				
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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Phone: () Name of Party Responsible for Plugging Fees: State of County,, ss.									
Formation Content Casing Size Setting Depth Pulled Out	Show depth and thickness of	all water, oil and gas form	ations.						
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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #:	Oil, Gas or Wate	r Records		Casing Recor	d (Surface, Conductor	& Production)			
Plugging Contractor License #: Name:	Formation	Content	Casing	Size	Setting Dep	oth Pulled O	ut		
Plugging Contractor License #: Name:									
Plugging Contractor License #: Name:									
Plugging Contractor License #: Name:									
Plugging Contractor License #: Name:									
Plugging Contractor License #: Name:									
Plugging Contractor License #: Name:									
Address 1: Address 2:	cement or other plugs were u	sed, state the character of	same depth placed from (bot	trom), to (top) i	or each plug set.				
City:	Plugging Contractor License #: Nar				»:				
Phone: ()	Address 1:			Address 2:					
Name of Party Responsible for Plugging Fees:	City:			Sta	te:	Zip:	+		
State of, ss.	Phone: ()								
	Name of Party Responsible for	or Plugging Fees:							
	State of	County, _		, ss	S.				
		•			_	. 🗆 -			

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.

(Print Name)



FIELD ORDER Nº C 44870

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

						DATE Vo	W 13		20
IS ALITHORIZI	ED BV:	BREIR	Par						
				(NAME OF CU	ISTOMER)			State	
As Follows: Le	ease Fo	G		Well No	12	Cı	istomer C	order No	
Sec. Twp. Range	100			County _	Souley			_ State $\frac{1}{2}$	-
not to be held lial mplied, and no re reatment is paya our invoicing dep	ble for any da epresentations ble. There wil artment in acc	mage that may ac s have been relied Il be no discount a cordance with late	crue in connection	with said service or be the results or to such date. 6% chedules.	or treatment. effect of the s interest will be	Copeland Acid Se ervicing or treating charged after 60	ervice has ig said well	made no repre I. The conside	e mentioned well and i sentation, expressed o ration of said service o subject to correction b
THIS ORDER MUS BEFORE WORK IS)				Ву		Agent	
			Well Own	er or Operator			T		
CODE	QUANTITY			DESCRIP	TION			UNIT COST	AMOUNT
		Punp c	up for P	ny Jab					650 00
	\	Poly T	201 La Rent	tal					250 =
	235 904	Le0-40	-420 Poz	@ 11257 s	ack.				2643 75
	dim P8	Iway	yn for P 2012 Rent -4°20 Poz punp Teur	h miles	1 B40	ninte			356 00
		,						5.	
	225	Dully Charge	@ 125						19275
	230 3c	Bulk Charge Bulk Truck N	@ 10/	rele					1012
	1900		ocess License Fee	e on		Gallons			1012
						TOTAL BILL	ING		
manner ur	at the above at the direction of the dir	ection superv	s been accepted ision and contro	and used; tha	t the above , operator o	service was pr his agent, w	performe hose sig	d in a good nature appe	and workmanlike ars below.
	DI		4100			Well Own	ner, Operato	r or Agent	
Remarks_	TIV	7 out	1100	NET 30	DAYS			0-14	



Tiolet 4870

Type Fluid

TREATMENT REPORT

Type Treatment: Amt.

Acid Stage No. PJ

Sand Size l'ounds of Sand

Date 1-12-	IN DIE	utrice BUR	pla ro	No		Bbl. /Gal		
	Lees Pa	+		***************************************		Bbl. /Gal		
Company Bose Pat Well Name & No. Fr. G. 12				See also have trade to account and a second	Bbl. /Gal			
Location Field						Bbl. /Gal		
Location			Sinia X		Flush	Bbl. /Gal		
County	ww		State 4.85		Treated from	ft. to	ft. No. ft	
Casing: Sixe	7"	Type & Wt		Set atft.	1	ft. to		
Parmutian:				to	from	ft. to	ft. No. ft	
Pormation:			Perf	to		II/Water to Load Hole:		Bbl. /Gul.
Formation		••••	Perf	to				
Formation:	A W		Top atft.	Bottom atft.	Pump Trucks. No.	Uned: 814.323 Bp.	Twin.	
Liner: Sixe	Type & W	Doubtad fro	- Top = 0	ft. toft.	Auxiliary Equipmen	. Bulk 322 T	7133	
				ft.	Packer:	X	Set at	ft.
Tubing: Size &	. Wt		# 10	t.	Auxiliary Tools	Poly tearler		
Peri	forated from				Plugging or Sealing	Muterials: Type		
Q250000 00000		99 15	6 D L	l. toft.				
	· · · · · · · · · · · · · · · · · · ·				Treater J	12 X/		
Company B	lepresentativ				_ I reacet	/ " //		
TIME	PRESS	Casing	Total Fluid Pumped			REMARYS		
				Q- 20	Lossin TR	11 or fred well	400'	
5:00				D- 3 Pala	- War 12 90	Run 12 to 41	0'	
			0	52 10 los	V received			
3 20		-		Boule Cit	ec on Cas	34		
			2BBL	TORUM LI	nixin con	Mr. 1 lest		
			10 PA	30000	M Duck	03/4		
:			10 BBL	DOE COOL	CENT CENT	et up to SUR	Case	
			4788	230 300	11	of well	thire,	
400			-	tall tolk	Top d	Del lott los		
4:35			-	Wash OUR	Tean of	OWN FEIT POS		
:								
:			-					
		 	-					
			-					
			-				A	
			+					
		-						
:-			 					
		-	-		-			
						-		
			+					
<u></u>		-	-					
<u> </u>		-	-					
		-	+					
<u> </u>		-						
		+						
		-	-					
		-						
			+					
			+					
:								