

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

1350966

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 #:			AI	PI No. 15												
OPERATOR: License #:				Spot Description:												
Address 1:			_	Se	ec Twp	S. R	East West									
Address 2: State: Zip: + Contact Person: Xip:				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:												
									Phone: ()				NE	NW S	SE SW	
									Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	ounty:			
Water Supply Well Other: SWD Permit #:				County: Well #:												
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:												
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes		ne plugging proposal												
Producing Formation(s): List	All (If needed attach anothe	r sheet)	by	/:		(KCC Distri	ct Agent's Name)									
Depth to	o Top: Botto	om: T.D	_{PI}	ugging Commenced												
Depth to	o Top: Botto	om: T.D		ugging Completed:_												
Depth t	o Top: Botto	om:T.D		aggg cop.o.ca												
Show depth and thickness of	all water, oil and gas form	ations.														
Oil, Gas or Wate	r Records		Casing Reco	asing Record (Surface, Conductor & Production)												
Formation	Content	Casing	Size	Setting De	epth F	Pulled Out										
cement or other plugs were u	ised, state the character of	ged, indicating where the muc f same depth placed from (bo	ttom), to (top)	for each plug set.												
Plugging Contractor License #:																
City:			St	ate:		Zip:	_+									
Name of Party Responsible for	or Plugging Fees:															
State of	County,		,	SS.												
				Employee of Op	perator 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.

(Print Name)



FIELD ORDER Nº C 44893

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

			010-324-1223	DATE Ware	h 1	20 17
		Ω				
IS AUTHOR	ZED BY:	1sear tet	(NAME OF CUSTOMER)	<u> </u>		
Address			City		State	
To Treat Wel As Follows:	Lease CR	p kei	Well No	Customer C	Order No	
Sec. Twp. Range	7 Tup3	Is lay G East	County Cowley		_ State 🕌	<u> </u>
not to be held implied, and no treatment is pa our invoicing de	iable for any dar representations yable. There will epartment in acc	nage that may accrue in connec have been relied on, as to what be no discount allowed subseque ordance with latest published pri	that Copeland Acid Service is to s tion with said service or treatment may be the results or effect of the tent to such date. 6% interest will ce schedules. sign this order for well owner or c	 Copeland Acid Service has servicing or treating said well be charged after 60 days. Tot 	made no repres I. The considera	entation, expressed or ation of said service or
	UST BE SIGNED IS COMMENCED	Well	Owner or Operator	By	Agent	
	T	Well		T	UNIT	
CODE	QUANTITY		DESCRIPTION		COST	AMOUNT
	1	Pina cha Pas	plu sob-			6500
	185mls	CD-40-22-20	2 10 70 cark			1988 75
		Poly males	Row tal			250 =
	90 mily	I was Dime "	Touch interes			3600
		May Dong	and Color			3000
	90 miles	KA TRY PICK	of miley of m	11/2		260
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-	100	2 1 257				00:25
	18534	Bulk Charge	gok			2017
	73420	Bulk Truck Miles	ton mile			194 -
		Process License	Fee on	Gallons		
				TOTAL BILLING		
I certify t	hat the above under the dire	e material has been acceptication, supervision and objection	ted and used; that the above ntrol of the owner, operator	ve service was performe or his agent, whose sign	d in a good a nature appea	and workmanlike ars below.
Copeland	Representativ	ie Try My				
Station	BURR	con /		Well Owner, Operator	r or Agent	
Remarks	Plu	cur 12:10		omio, operator		
•	_	7	NET 30 DAYS			



TREATMENT REPORT

Acid Stage No.

					Type Treatment:	Amt.	Type Fluid	Sand Size	l'ounds of Sand		
		istrict. Build	F.	O. No	Bkdown	Bbl. /Gal	***************************************	**** **********************************	***************************************		
Company Cree Pet					Bbl. /Gal			••••••			
Well Name & No. C Risky C				Bbl./Gal							
Location Field.					Bbl. /Gal			•			
County Canky State				Flush	Bbl. /Gal						
					Treated from	ft	. to	ft. No. f	ít		
Casing: Size Type & Wt. P. D. Set at			from	ft	. to	ft. No. f	ft				
				to	from	ft.	, to	ft. No. 1	ft		
				to							
				to	ACTUAL VOIDING OF CHIT WATER TO LONG PROFE.						
				t. Bottom atft.	Pump Trucks. N	o. Uged: 8td. 32	3sp	Tw	/in		
				.ft. toft.		ment Bulk 323					
				ft.							
				ft.	Auviliury Tools	Pely tearler	2				
Per	rforated from				Plugging or Sealing Materials: Type 185 3-de (040-23						
						mg Materials. 1974.					
Onen Hole Si	xe	т.р		B. toft.	1	Λ	Λ	CIAIA.			
	Mark the state of				(I)	X N	1				
Company	Representativ			·	_ Treater	my of		NAME OF THE OWNER.	CONT. C 40-47 AGO N. C. 1974		
TIME		SURES	Total Fluid Pumped			REMARK	8				
a.m /p.m.	Tubing	Casing	1		~ .0			7			
03 H				On loc V	OH Kizz	is to by	there p	ely pipe			
:				Run poly	to 3000	dow .	1	2.			
:			0	The con of	uno track		iter to log	d			
:			1861	Beach Cire	The second name of the second na	othing on	Sulfer				
:			0	Stort mix	in 5,2 see	6 Slivery of	90 down	holes			
:			10881	good cies en	Ha RR	: Le CIRU du	Six leeve				
:			25856	110 sache co	col comed	1 une 4/2 1	NOT much	Circala	tion or		
:				34R Lace	1/30 1/12a	out the	- On 45	+ 3tares	> pouro		
:			30886	5 BB1= TO	hout bit	2. ON 85/3	SWHCh	to 5,9	Shell		
:		300		3/WARY 3	3 RPM	300 to Par	te a				
12:70			HARBL	185 200	Carre Sec	of comes	OT SURRE	2			
:				43 Ctan 1	B Mas	emount					
12:30				washed no	Rich ma	Left lec					
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