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

1352988

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:	
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 #: SWD Permit #: SWD 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.	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:

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 Plu	ugging Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of O	perator or Operator on a	bove-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.



Acid & Cement

BURRTON, KS
(620) 463-5161
FAX (620) 463-2104

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

POST OFFICE BOX 438

(316) 524-1225

(316) 524-1027 FAX

Invoice	Page: 1
APR 272017	INVOICE NUMBER: C44764-IN
LEASE: ELWARD #1	

BILL TO: **VESS OIL CORP.** 1700 N. WATERFRONT PKWY. BLDG. 500 WICHITA, KS 67206

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE C	RDER	SPECIAL INSTRUCTIONS	
04/26/2017	C44764		04/19/2017			NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION
35.00	МІ	MILEAGE PICKU	MILEAGE PICKUP TRUCK			2.00	59.50
35.00	MI	MILEAGE CEMENT PUMP TRUCK			15.00	4.00	119.00
1.00	EA	CEMENT PUMP	CHARGE - PTA		15.00	650.00	552.50
245.00	sк	COMMON CEME	NT		15.00	12.75	2,655.19
13.00	SK	CALCIUM CHLO	RIDE		15.00	30.00	331.50
50.00	LB	CELLO-FLAKES			15.00	3.00	127.50
200.00	LB	COTTONSEED H	IULLS		15.00	0.40	68.00
264.00	EA	BULK CHARGE			15.00	1.25	280.50
418.77	MI	BULK TRUCK - T	BULK TRUCK - TON MILES			1.10	391.55
REMIT TO:			COP			Net Invoice:	4,585.24
P.O. BOX 43 HAYSVILLE,			E IS NOT TAXABLE AND I		REN		44.20
RECEIVED BY		MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			Invoice Total: 4,6		
RECEIVED BT			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 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.



FIELD ORDER Nº C 44764

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

		DATE 4-19 2017
IS AUTHORIZED BY: 1855	DILCORD	DATE202
Address	(PAME OF CUSTOMER) City	State
To Treat Well As Follows: Lease <u>ELWARD</u>	Well No	Customer Order No
Sec. Twp. Range	County Revo	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.

W-ILO

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED_

		weil Owner or Operator	and a second	Agent	
CODE	QUANTITY	DESCRIPTION		UNIT COST	AMOUNT
2	35	Milenge Pickyp		2.00	70.00
2	35	Milenge, PUMD TRUCK		4.00	140.00
2	1	Milenge Pump TRUCK Pump Chg P.T.A.		1050.00	650.00
2	245	COMMON CMT 390CC CALCIUM CHIORIDE Celloflake		12.75	3123.75
2	135x	CALCIUM CHIORIDES		30.00	390.00
2	50145	Celloflake		3.00	150.00
2	20016	Hulls		.40	80.00
2	3.6452	Bulk Charge		1.25	330.00
2	35	Bulk Truck Miles //.965: 418.775 x 1.10			4100.65
		Process License Fee on	_Gallons		5394,40
			TOTAL BILLING		-809.16- 4585.24
			and the second sec		

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	MANE	ISR020
Station Gr. BeNJ,		

TRACY Well Owner, Operator or Agent

Ву____

Remarks_



TREATMENT REPORT

Acid & Cement 趣					Acid Stage No.					
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ts of Sand
Date _	Date 4/19/2017 District GREAT BEND KS. F.O. No. 44764						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Company	VESS OIL COR	R Ρ.								
Well Nam	e & No. ELWAR	D #1								
Location		-	Field							
County	RENO		ST KANSA	S	Flush	Bbl./Gal.				
					Treated from					
				Set at ft.			ft. to		No. ft.	
Formation			Perf.		from		ft. to	ft.	No. ft.	0
Formation			Perf.	to	Actual Volume of Oil / V	Vater to Load Ho	le:			Bbl./Gal.
Formation			Perf.							
					Pump Trucks. No. U				Twin	
					Auxiliary Equipment		367	7-308T		
Tubing:			Swung at ft. to		Personnel DUANE JC #NAME?	IRDEN MIKE				2
	Perforated I		11. 10							
Open Hole	Sizo	τD	ft n		Plugging or Sealing Mate	erials: Type		Gals		lb.
open Hole	5128	T.D.	ft. P	.b. to1t.			1	Gais		1D.
Company	Representative		TRACY BL	ACK	Treater		DUANI			
TIME	a second s	SURES	T		Treater		DOAN			
3.m./p.m.	Tubing	Casing	- Total Fluid Pumped			REMARKS				
1000AM			entertering Matter P. Statistical	ON LOC						
									~	
1030AM			6.30 BBLS	FIRST PLUG AT 850' WITH 30SX COMMON 3% CC						
				WAIT 1 HOUR						
				ann an an an Anna Anna						
L05PM		1	6.30BBLS	SECOND PLUG A	T 914' WITH 30	SX COMM	10M 3% CC	200# HI	JLLS	
			- 101							
				WAIT 1 HOUR						
					AC					
			23.11 BBLS	THIRD PLUG AT 3	50' TO SURFAG	CE CIR 110	SX COMM	ON 3%CC)	
				WITH 50 LBS CEL						
			12.60 BBLS	CIR OUT ANN WI		MON 3% C	C			
			3.15 BBLS	TOP OFF WITH 15	SSX COMMON	3% CC				
IOOPM				JOB COMPLETE						
				THANK YOU						
			1							
			<u> </u>							