**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within

Name of Party Responsible for Plugging Fees: \_\_\_\_

(Print Name)

State of \_\_\_\_

60 days from plugging date.

## Kansas Corporation Commission Oil & Gas Conservation Division

1359781

Employee of Operator or Uperator on above-described well,

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 #:			APIN	lo. 15				
Name:				Description:				
Address 1:				Sec 1	Гwp S. R East West			
Address 1:				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)	il Well Gas Well	OG D&A Cathod	ic .					
Water Supply Well O		SWD Permit #:	Coun	County:				
ENHR Permit #:		rage Permit #:	Lease	Lease Name: Well #:				
Is ACO-1 filed? Yes		log attached? Yes	_   Date	Date Well Completed:				
Producing Formation(s): List A	_		_	The plugging proposal was approved on:(Date)				
Depth to	•	m: T.D		by:(KCC <b>District</b> Agent's Name)				
Depth to	•	m: T.D	Plugg	Plugging Commenced:				
Depth to	•	m: T.D	Plugg	Plugging Completed:				
Depti to	Тор Волог	III 1.D						
Show depth and thickness of a	ll water, oil and gas forma	itions.	•					
Oil, Gas or Water	Records		Casing Record	(Surface, Conductor & Prod	uction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us		_			ods used in introducing it into the hole. If			
Plugging Contractor License #		Name:						
Address 1:		Address 2:	Address 2:					
City:			State:					

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.

\_\_\_\_\_\_, ss.



# FIELD ORDER Nº C 44911

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

					DATE June 3	1	20_\
IS AUTHORIZED	BY:	Bear Por			9 <del>7</del> 97 8		
				CUSTOMER)		State	
Address							
To Treat Well As Follows: Leas	se H	aper	Well No.	#4	Customer C	order No.	
Sec. Twp. Range			County _	Cowley		_ State	Xs
not to be held liable implied, and no repr treatment is payable our invoicing depart	for any danglesentations to There will ment in acco	consideration hereof it is agreed that may accrue in connection have been relied on, as to what may be no discount allowed subsequent ordance with latest published price himself to be duly authorized to significant or the subsequent of the subseq	with said service by be the results of t to such date. 6° schedules.	e or treatment. Cop or effect of the serv % interest will be ch	peland Acid Service has icing or treating said wel narged after 60 days. Tot	made no r I. The con	epresentation, expressed is ideration of said services.
THIS ORDER MUST E BEFORE WORK IS C		Well Ow	ner or Operator		By	Ag	gent
CODE Q	JANTITY		DESCR	PTION		UNIT	
	\	Pune chas for	Dlm Jo	b.			650 3
-	1500la	Pung chy for					806 25
	1	Poly trailer					2500
C	Stor Os	Solit 3 wells	@ Hand	rik Porp	trick.		80 °
C	10 mil-	Poly trailer Split 3 wells Pick up for houl	poly te	inter 20/m	In Round temp		80 a
			3				
/							
		V					
				,			
*							
					. 74		2.75
	75 sas	(D) R.	shy splin	3 wells	17/ Sade.		73~
	6525	Bulk Truck Miles	with	an chy			150-
		Process License Fo	ee on		allons		
					OTAL BILLING		
I certify that manner undo Copeland Re	er the dire	e material has been accepte ection, supervision and contract	d and used; the owner	nat the above se er, operator or h	ervice was performe iis agent, whose sig	d in a go nature a	ood and workmanlik ppears below.
Station	Bu	leton			Well Owner, Operato	r or Agent	
Remarks	PI	64:11 AND W	NET 30	DAYS	om om operatio		



## TREATMENT REPORT

Acid Stage No. PJ

		0			Type Treatment: Amt. Type Fluid Sand Size Founds of Sand				
Dute 6 25	17 DI	atrict Sign	r. (		BkdownBbl./Gal.				
Well Name & No. Hoopen # 14 Location					Bbl. /Gal. Bbl. /Gal.				
					Bbl./Gal.				
County Co	why		State State		FlushBbl. /Gal				
	->			ľ	Treated fromft. toft. No. ft				
Cusing: Sixe	43	Type & Wt		Set atft.	from				
Formation:			Perf	to	Actual Volume of Oll/Water to Load Hole:				
				to					
				to					
				Bottom ut 11	Pump Trucks. No. Used: Std. 323 Sp. Twin				
				.ft. toft.	Auxiliary Equipment Bulk 322 TT 133				
				ft.	Packer: Set at ft.				
				ft.	Auxiliary Tools toly Tearly				
141	TOTALLE ITOM				Plusying or Sealing Muterials: Type 5 Scales 60-40- 220 Poz.				
	ıe	er iv	ft. P.	B. toft.	GAIA				
then Role 812					1 2				
	D	_			Treater / / /				
	Representativ	e	T =						
TIME a.m /p.m.	Tubing	Casing	Total Fluid Pumped		REMARKS				
6.111 / p.m.									
:				Help Eng on	p wies line touch				
:				asp Kin	p 384 CIBP 2360'				
:				Usa Tub +	to mix up a sache const				
:				Dyng bail	on plus River Sox43PFquy				
:				load the b	sole post a go box wise I'm Fear down				
:				A 600+ Wa.	0101				
:				Ky no Run	~ poly pipe to all				
11:15			0	72 900 2	Delig 4 groot wester.				
: '			4882	toh Touled	Speeds Clee On H3				
:			0	Stock WING	1 5012 down hole 60-40-22 Poz				
:			2 BBh	Bagale C10	22 of Suppose prope				
:			15 80h	Good STUDB	y to supper on 43 lot ofty cier or 85/8				
:				The second second	dut the on the swedge continue mix				
1140			179 BB1	Cyoul Cam					
:				Wash my	p lerck up Tene down				
:				1					
:				4/4 OH	11:40 75 sauls				
:				7					
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