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

1364749

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 #: | | | | API 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 | | | | | | | | | | | |
| City: | Address 1: | | | _ | | Sec Tv | vp S. R | East | West | | |
| Contact Person: | Address 2: | | | _ | | Feet from | North / | South Line of | Section | | |
| Phone (| City: | State: | Zip: + | _ | Feet from East / West Line of Section | | | | | | |
| Type of Wellt; (Check one) | Contact Person: | | | Fo | Footages Calculated from 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 S | 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 | l log attached? Yes | | | • | | | | | |
| Depth to Top: | Producing Formation(s): List / | All (If needed attach anothe | r sheet) | by: | : | | (F | CC 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 | | igging C | ompieteu | | | | | |
| 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 Reco | rd (Surfa | ce, Conductor & Produc | ction) | | | | |
| Plugging Contractor License #: Name: | Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | | | |
| Plugging Contractor License #: Name: | | | | | | | | | | | |
| Plugging Contractor License #: Name: | | | | | | | | | | | |
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| 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 | tom), to (top) | or each | plug set. | | | | | |
| City: | Plugging Contractor License #: Nam | | | | e: | | | | | | |
| Phone: () | Address 1: | | | Address 2: | | | | | | | |
| Name of Party Responsible for Plugging Fees: | City: | | | Sta | ıte: | | Zip: | + | | | |
| State of, ss. | Phone: () | | | | | | | | | | |
| | Name of Party Responsible for | or Plugging Fees: | | | | | | | | | |
| | State of | County, _ | | , , s | S. | | | | | | |
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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 45579

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

| 2 41171100 | | | DATE 3/CS | 17 | 20 |
|---|--|--|--|---------------------------------------|-----------------------|
| SAUTHOR | ZED BY: | Jany Oil : Gas | | | |
| | | (NAME OF CO | | 04-1 | |
| Tue -4 14/-11 | | | | | |
| s Follows: | Lease <u>Wic</u> | Well No | 1 Custom | er Order No | |
| ec. Twp. ange | | County R | 2e-a | State | وط |
| plied, and no eatment is pay r invoicing de | rapie for any dal representations yable. There wil epartment in acc | consideration hereof it is agreed that Copeland Acid Se nage that may accrue in connection with said service of have been relied on, as to what may be the results or be no discount allowed subsequent to such date. 6% in ordance with latest published price schedules. himself to be duly authorized to sign this order for wel | rvice is to service or treat at owners r or treatment. Copeland Acid Service effect of the servicing or treating said interest will be charged after 60 days. | isk, the hereinbef has made no rep | ore mentioned well ar |
| IS ORDER MU FORE WORK | JST BE SIGNED IS COMMENCED | | Ву | | |
| 0005 | 011411=1=1 | Well Owner or Operator | | Agent | 1 |
| CODE | QUANTITY | DESCRIP | TION | UNIT COST | AMOUNT |
| _ 2 | 40 | mileric pump truck | | y acr | (60,∞ |
| 2 | 40 | milecus pictup | | 2,acr | 80.00 |
| 2 | | Pump Charge - Play | | | 6.50,0 |
| 2 | 85 | (| 3/2-1 | 12.75/ | 1.602.7 |
| 2 | 6 | Colchen Chloride | | 30,00 | 1,683,7 |
| 2 | 180 | 60/40 1% cal | | 10,75/ | 1,9 3 5.0 |
| 2 | ч | 1% add set | | 11.0y | 38.00 |
| | | | | | |
| 2 | 275 275 | Bulk Charge | | 75/ | 343,75 |
| 2 | | Bulk Truck Miles 12.27 T x 40 = 44 | 0.87-x 119 | 1,101 | 539, 20 |
| | | Process License Fee on | Gallons | 15% | 5,060,38 |
| | | | TOTAL BILLING | | - 159.05 4301.33 |
| | <u></u> | | | | |
| manner u | naer the aire | material has been accepted and used; that ction, supervision and control of the owner, on the country to the co | the above service was perform operator or his agent, whose s | med in a good signature appe | ears below. |
| manner u | nder the dire Representativ | ction, supervision and control of the owner, | operator or his agent, whose s | signature appe | ears below. |



TREATMENT REPORT

| Date | 8/23/2017 | District G.B. | F.O. | No. C45579 | Type Treatment: | Amt. | | | | | ds of Sand |
|----------------------|---|---------------|--------------------|--|---|---|----------------|-------------|------------|---------------------------------------|-------------|
| | Novy Oil & | | | | - Bradeni | | | | | | |
| | e & No. Wick | | | | | Bbl./Ga | '- | | | ··· | <u></u> |
| Location | | · | Field | | 1 | Bbl./Ga | " | | | | |
| County Reno State KS | | | | Flush | Bbl./Ga | " I. | | | | | |
| | | | | | Treated from | | | | | | 0 |
| Casing: | Size 5.5 | " Type & Wt | ·. | Set atft. | | · | | | | No. ft. | |
| Formation | | | | to | from | | ft. to | | ft. | No. ft. | 0 |
| Formation |): | | | | Actual Volume of Oil | / Water to Load | Holo: | | | | |
| Formation | | | | to | rictal volume of on | / Water to Load | Tiole. | | | | Bbl./Gal. |
| Liner: S | | & Wt. | Top at ft. | | Pump Trucks. No | a Head: Std | 365 | C= | | T | |
| | | | | | | | | | /308 | _ IWIN _ | |
| Tubing: | Size & Wt. | | Swung at | | Auxiliary Equipment Personnel Nathan | | | 307 | /308 | | |
| | Perforated | | ft. to | | Auxiliary Tools | Ludy Wilke | | | | | _ |
| | | | | | | 4 | ··· | | | | |
| Open Hole | Size | T.D | fr Þ | .B. to ft. | Plugging or Sealing N | /laterials: Tγpe | * | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | 16. | L | | | | Gals. | - | ib. |
| Company | Representative | | Kelso | , | Treater | | | Nathan W | ı, | | |
| TIME | PRE | SSURES | T | | Tredto: | | | vatilali v | v. | | |
| a.m./p.m. | Tubing | Casing | Total Fluid Pumped | | | REMARK | s | | | | |
| 9:00 | | 5.5" | | On Location. | | | | | | | |
| | | 1 | | On Location. | | | | | | | |
| | | - | | | | | | | | | |
| | | <u> </u> | - | DI: | | | | | · | | |
| | | | | Break circulation | with water. | | | | | | |
| | | | | | | | | | | | |
| | | - | | Mix 50sks Comm | | | <u>e at 13</u> | 00' | | | |
| | | | | Wait 1.5hrs and | tag plug at 10 | 050' | | | | | |
| | | ļ | | | | | | | | | |
| | | | | Mix 35sks Comm | non 3% Calciu | m Chlorid | e at 70 | 0' | | | |
| | | | | | | | | | | | |
| 12:00 | | | | Mix 180sks 60/4 | Opoz 4%gel a | t 310' Circ | ulated | cemer | nt to surf | face. | |
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