

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

1365987

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 - _____ Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ 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 County: _____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #: _____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) by: _____ (KCC District Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: _____ Bottom: _____ T.D. ____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Pulled Out Formation Content Casing Setting Depth 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. _____ Name: ___ Plugging Contractor License #: ____ Name of Party Responsible for Plugging Fees: _____ County, ______ , ss.

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.

Employee of Operator or Operator on above-described well,

(Print Name)



FIELD ORDER Nº C 44913

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

				DATE June 29	20 17			
IS AUTHOR	RIZED BY:	Bear Per	(NAME OF CUSTOMER)					
Address			000 A C C C C C C C C C C C C C C C C C	State				
		on Tulker	Well No.	Customer Order No.				
Sec. Twp. Range			County Carry	Customer Order No	·			
treatment is pa our invoicing d The undersi	o representation yable. There we epartment in acigned represent	e consideration hereof it is agreed that Copi image that may accrue in connection with is have been relied on, as to what may be t ill be no discount allowed subsequent to su cordance with latest published price sched is himself to be duly authorized to sign this	the results or effect of the servi	cing or treating said well. The co arged after 60 days. Total charge	representation, expressed o			
BEFORE WORK	IS COMMENCE)Well Owner or 0	Operator	By	gent			
CODE	QUANTITY		DESCRIPTION	UNIT	-			
	\	P. 1 C 1		COST				
	9530	CO-40-2/2 Poz El	1275/21		(AS) (A)			
		P31 - 102	10 / Seek		1001 =			
	conta	Poly teach Reston lang purp teck me Red temp pick up Split	1 (1)	11	3/30			
	15000)	Olto purp Text M	2 Split 3 We	2VIs	80 00			
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		X						
	95. \	Bulk Charge (25)			75			
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		Process License Fee on	Gallo					
L cortify th	ot the share			TAL BILLING				
manner ur	at the above ider the dire	material has been accepted and u ction, supervision and control of th	used; that the above serv	ice was performed in a goo	od and workmanlike			
	Representativ		and the second of the	agont, whose signature ap	pears below.			
Station	O:	/11		Well Owner, Operator or Agent				
Remarks PM out S.35								
	0	N	ET 30 DAYS					



TREATMENT REPORT

Acid Stare No. PJ

. 00	2 16	0 . 00		- 1	Type Treatment. Aint. Type Frank Dank Dise Tourise of Dank				
Date 6-29-17 District Bulktur F. O. No.					Bkdown				
Company Berg Het Well Name & No Cry 1/20 Tukken #1					Bbi. /Gai.				
Location Field					Bbi. /Oal.				
County Cowly States					FlushBbl./Gal				
				1	Treated from				
Cusing: Size	811			Set atft.	fromft. toft, No. ft				
				to	from ft. to ft. No. ft.				
				to	Actual Volume of Oll/Water to Load Hole:				
Formation:			Perf	to					
Liner: Sixe	Type & W	t	Top atft		Pump Trucks. No. Used: 8td. 323 8p. Twin				
Сеп	nented: Yes/No.	Perforated fro	om		Auxiliary Equipment Silk 322 TT 133				
Tubing: Size	& Wt		Swung at	ft.	Packer: Set at ft.				
Per	forated from		ft. to	tt.	Auxiliary Tools Poly Pipe				
					l'lugging or Sealing Materials: Type 95 Sauks 60-40-9%				
Open Hole Siz	×e	. т.р	ft. P.	B. toft.	Gale				
Company Representative Treater In Treater									
TIME		SURES	Total Fluid		REMARKS				
a.m /p.m.	Tubing	Casing	Pumped		REMARKS				
0 1-			1	JISA PO	no ground wise his teach. Her Set CIBP 2310				
3 40		-		and with	at 2 sada - Flind 100' don				
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	-	-	(B)	The on start mater, control don politica					
			200	Start mix any clower have 313 stury					
:-	-		5 00	LOST CIPE	con 52 good cies on 878				
<u> </u>			888	POST CIDE					
			12881	Blew hope 1 - polyto cire on 53 good cire on					
				898. Short 898 of continue mix get are					
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		-	0.600	on 53 open Sueben start mixy gon dum mou					
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