

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1374894
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage 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. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 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 Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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.

Submitted Electronically



FIELD ORDER N^o C 44993

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

DATE Nov 15 20 17

IS AUTHORIZED BY: Te Pee Oil & Gas (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Christensen Well No. 2-10 Customer Order No. _____

Sec. Twp. _____ Range _____ County Marion State K

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.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pump chp for plug Job		650 ⁰⁰
	35 sacks	Class A Com cement @ 12 ⁷⁵ /sack.		446 ²⁵
	2 bags	Calcium Chloride @ 30 ⁰⁰ /bag		60 ⁰⁰
	98 sacks	60-40-4% Poz @ 11 ²⁵ /sack.		1102 ⁵⁰
	59 miles	Heavy mileage for pump truck @ 4 ⁰⁰ /mile		236 ⁰⁰
	139 sacks	Bulk Charge @ 1 ²⁵ /sack		166 ²⁵
	357 1/2	Bulk Truck Miles @ 1 ¹⁰ /ton mile		386 ⁵⁰
		Process License Fee on _____ Gallons		
		TOTAL BILLING		

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 [Signature]

Station Breerton

Remarks Plug out 1:15

Well Owner, Operator or Agent

NET 30 DAYS

TREATMENT REPORT

Acid Stage No. RT

Date: Nov 15/17 District: Buller F. O. No. _____
 Company: Te. Pe. Oil & Gas
 Well Name & No.: Christensen 2-10
 Location: _____ Field: _____
 County: Madia State: W

Casing: Size _____ Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2 7/8 Swung at 3074 ft.
 Perforated from _____ ft. to _____ ft.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____

Bkdown: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____

Flush _____ Bbl./Gal. _____

Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____

Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.

Pump Trucks: No. Used: 323 Sp. _____ Twin _____
 Auxiliary Equipment: Bulk 322

Packer: _____ Set at _____ ft.

Auxiliary Tools _____

Plugging or Sealing Materials: Type 35 sack Cem 98 sack 60-40-4% _____
 _____ Gal. _____ lb.

Company Representative _____ Treater Jim Ky

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:00				On location ISA Rig up Tubing @ 3074'
:				Start mixing Calcium Chloride in 8 Bbls water
9:30			0	Start mixing gain down hole (sack slurry 3 1/2 PC Cement)
:			7 Bbls	Hot plug and wash up gain down hole
:			23 Bbls	Let cement fall rest of way out
:				Pull tub out. Run 3/4" pipe into 8 5/8 to 268'
:	400			Start water to check 3/4 clear. 1/2 Bbl @ 400'
:			9 1/2	3 1/4 Bbl @ 400' 9 1/2 Bbls Break circ on 8 5/8
:	500		0	Start mixing gain down hole 5 sack slurry 3/4 Bbl @ 500
:			14 Bbls	good slurry to surface (3 sacks away 60-40-4% for
:				pull out 3/4" pipe
:			0	Run 2 3/8 back in to 285' Tie on start mixing
:				Run 6 sack slurry
:			7 Bbls	Good cement to surface 35 sacks away
:				pull tub out top off wash up
:				Teak down. Left loc.