KOLAR Document ID: 1379353

**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

#### 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 #:			AP	Pl No. 15					
Name:				Spot Description:					
Address 1:				Sec Twp S. R East West					
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:					
City:	State:	Zip: +	_						
Contact Person:			Foo						
Phone: ( )				NE NW	SE SW				
Water Supply Well C	Gas Sto	SWD Permit #:	Lea	County: Well #: Date Well Completed: The plugging proposal was approved on: (Date)					
Is ACO-1 filed? Yes		Il log attached? Yes							
Producing Formation(s): List A	•	*			(KCC <b>District</b> Agent's Name)				
Depth to		om: T.D	Plu	Plugging Commenced:					
Depth to		om: T.D	I Plu	ugging Completed:					
Depth to	o lop: Botto	om:T.D							
Show depth and thickness of a	all water, oil and gas form	ations.							
Oil, Gas or Water	Records		Casing Recor	sing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us					nods used in introducing it into the hole. If				
Plugging Contractor License #: Na									
Address 1:			_ Address 2:						
City:			Sta	ite:					
Phone: ( )									
Name of Party Responsible fo	r Plugging Fees:								
State of		, s							
(Print Nama)				Employee of Operator of	Operator on above-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.



# FIELD ORDER Nº C 45013

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

			_	310-324-1223	DATE Dec 20	)	20 1
IS AUTHORIZ	ZED BY:	Benz	Pet				
Address				(NAME OF CUSTOMER)			
	0			City			
As Follows: I	ease B	RMS		Well No\	Customer	Order No	
Sec. Twp. Range				County Symm	<u>.                                    </u>	State	1
mplied, and no reatment is pay our invoicing de	representations able. There will partment in acc	s have been relied of I be no discount allordance with latest	on, as to what may	Copeland Acid Service is to service with said service or treatment. If be the results or effect of the sito such date. 6% interest will be chedules.	Copeland Acid Service ha ervicing or treating said w charged after 60 days. T	s made no repres	sentation, expressed
HIS ORDER MU BEFORE WORK I	ST BE SIGNED S COMMENCED				By		
			Well Own	er or Operator		Agent	
CODE	QUANTITY			DESCRIPTION		UNIT	AMOUNT
	1	Punp ch	on for F	My Job.			1500
	1402J	(00-40-	HZ Paz G	1795/ and			15000
	74 mb	Pine Tes	ch Iway	Mastande,	1.		19/0 m
		11.1	200 100 9	1.11/29	11 1000/-1	. 10	0.16
	131110	DICKNA	105 00 10	ul poly pipe to be	4 pork 9 (W)	e Rowd thip	180 =
		Asid som	to INC				
	113						
	1965						
		51					
			***			-	
			0.00				
	Mar art	Bulk Charge	125 3ad	۷,			17500
	455 34	Bulk Truck Mile	s 10/ to	alva es			50142
		Proces	ss License Fee	onG	allons		301
					TOTAL BILLING		
I certify tha	at the above	material has he	en accented a		A CONTRACTOR OF THE PARTY OF TH		
manner un	der the direct	tion, supervisio	on and control	and used; that the above s of the owner, operator or	service was performe his agent, whose sig	d in a good a nature appear	nd workmanlike is below.
	ח	117	1)				
Station	15ure	ton			Well Owner, Operator	r or Agent	
Remarks	Phys	Owe 12:0	OO		Ton Owner, Operator	o nydill	
	1			NET 30 DAYS			



### TREATMENT REPORT

Acid Stage No #0

				1	Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand			
Dute 12-20-19 Pintrict BURD TO NO. NO.												
Company Company				Bbl./Gal								
Well Name & No. Delives #1					Bbl. /Gal							
Location Field.												
County S	mn		State 5		Flush	Bbl. /Gal						
					Treated from							
Casing: Sixe 53 Type & Wt. Set at ft.					from							
Pormation: Perf. to					from	ft.	to	ft. No. 1	ft			
Formation: Perf. to					Actual Volume of Oll/Water to Load Hole:							
Formation: Perf. to												
				t. Bottom atft.	70.5							
					1) 11. 20.0							
Cemented: Yes/No. Perforated from					1							
				ft.	Auxiliary Tools							
					Plugging or Sealing Muterials: Type 140 Scade 60 40 46							
thun Hole Six	·	т. D.	ft. P.	B. toft.		A						
then Hote ora	•		C			21	1					
C T					Treater	1-20 U/						
Y	lepresentativ	SURES	Total Fluid	i		7 V			1000			
TIME a.m/p.m.	Tubing	Casing	Pumped			REMARK	B					
				C. 0=	-	0	1 2	53				
		<del> </del>		HOLEY KIL	My No 4	Roma pol	Y bibe 17	, 03				
			-	ins power + for	A CRUST F	6 25 40 0	8	- U	0			
			-	State Wer	Eline who to	Massia -	10 bomb	cente	WW- 53			
-:-			-	Pull toly	office out	1.5						
			-	5 to top	Sull head Po	met.		.0.1				
				Punt feede	Purp tende beaks a hydreolic hose go after kepleament							
				4 Kin Masen	4 Rx hase							
11:50				Teck bage	Tark book together							
_:			0	Steet Mix	A don do	wan hole	Jank TV	wh Such	thurst y			
-:				OM OF GIL	15 0 0	2 2	1 0		<u> </u>			
11:45			30 BW		~ 600-40	4 % Poz		met to	Surface			
:		320	31881	Stant in 890	+3, 896 + purp extra 1881 Shut 1. 7 250"							
1730				Juston	Rech mp	rett po						
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