KOLAR Document ID: 1379479

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 #:			AF	PI No. 1	5			
Name:				Spot Description:				
Address 1:				SecTwp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section				
Address 2:								
City:								
Contact Person:			Fo	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 Water Supply Well Other: SWD Permit #:				County: Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on:				
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC District Agent's Name)		
Depth to	Top: Botton	m: T.D	_{Pli}	Plugging Commenced:				
Depth to	Top: Botto	m: T.D		00 0				
Depth to	Top: Botto	m:T.D	' '	ridgging Completed.				
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Reco	ng Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
cement or other plugs were us		-				ds used in introducing it into the hole. If		
Plugging Contractor License #: Name								
Address 1:			Address 2: _					
City:			Sta	ate:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _		, s	SS.				
			Г	_	nployee of Operator or	Operator on above-described well,		
(Print Name)				=[]	inproyee or Operator or	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 45006

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

			010-324-1223	DATE Dec 8		20_17
IS AUTHOR	IZED BY:	Bens Per				
Address			(NAME OF CUSTOMER) City		State	
To Treat We As Follows:	Il Lease <u>F</u>	2 cm L	Well No. BH	Customer	Order No	
Sec. Twp.	2 385	V	County Gazen	0	State 4	
not to be held implied, and no treatment is pa our invoicing d	liable for any da prepresentations syable. There will epartment in acc	mage that may accrue in conne have been relied on, as to wh I be no discount allowed subse ordance with latest published	od that Copeland Acid Service is to section with said service or treatmen at may be the results or effect of the quent to such date. 6% interest will price schedules. to sign this order for well owner or or	 t. Copeland Acid Service has e servicing or treating said we be charged after 60 days. To 	made no repres	sentation, expressed o
	UST BE SIGNED (IS COMMENCED		ell Owner or Operator	Ву	Agent	
CODE	OLIANITITY				UNIT	
CODE	QUANTITY		DESCRIPTION		COST	AMOUNT
	1	Purp chy fee	play Job			6500
	12530	60-40-426	1188 Sack			1406 25
	2 Sach	Calcium Chlo	eide pellete 30°	o bea		6000
	1m 18	I way pump T	exte mily (400/	mile		336 ==
	125 ml	Bulk Truck Miles	Sade tow mile			156 25 508 20
		Process Licens	e Fee on	_Gallons		
				TOTAL BILLING		
manner u	hat the above under the dire Representativ	ction, supervision and co	pted and used; that the aboventrol of the owner, operator	or his agent, whose sign	nature appea	nd workmanlike rs below.
Remarks	Div	aug 2:45		Well Owner, Operator	or Agent	
Hemaiks_	1100) 001 20 13	NET 30 DAYS			



TREATMENT REPORT

Acid Stage No. RT

		^		Type Treatment:	Amt.	Type Fluid	Sand Size	l'ounds of Sand		
Date 12/8	SIT District.	13-Ketov B	. O. No		100 A COMPANION CONTRACTOR OF THE CONTRACTOR OF					
Company	Borne Har	S : 1.			Bbl. /Gal					
Well Name & No. Edige Bit				•	Bbl. /Gal					
Location		Field		•	Bbi. /Gal			•••••		
County Sale	lacence	State State								
				Treated from	ft. !	0	ft. No. f	ft		
Cusing: Sixe	Type	t Wt	Set at	from	ft. 1	0	ft. No. f	ft		
Formation:		Perf	to	from						
			to							
			to							
			.ft. Bottom atft.	Pump Trucks. No.	Used: 8td. 323.	8թ	Tw	/in		
			ft. toft.	Auxiliary Equipmen	nt					
			ft.	Packer:			Set at	ft.		
			n.	Auxiliary Tools						
141	Toraced Trom			Plugging or Scaling	Muterials: Type.	25 Backs	60-40-2	12		
		T. 1) (1.)	P.B. toft.	The province case of						
Then Hole 812	·		1,5, (0,1,1)	1	/		Control of the contro			
	D			Treater /	1. Y./	<u> </u>				
	Representative				7 1	•				
a.m /g.m.		Total Fluid Pumped			REMARK	3				
	1401115		10 1. TX	0 0	w	2 Snely CC	1 500	71-1-1-1		
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1:00			Pull tubis	or an	279'	76 1	0 111	/ 1 9 00		
2:15		0	Stuay Mix	2 also al	acus hole 5	5.8 soule 1	Sluery my	33 ECC		
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:		3289	Beeck Cire	0 47 7 8	78 33 BI	m 5.8		ang.		
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