

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 #: _____
 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

Mike's Testing & Salvage Inc.

DBA Kelso Well Service
P.O. Box 467
Chase, KS 67524

Invoice

Date	Invoice #
5/18/2015	15003

Bill To
L.D. Drilling, Inc. 7 SW 26th Avenue Great Bend, Kansas 67530

5/18-27

P.O. No.	County	Lease
	Kiowa	Anthony 1A-34

Qty	Description	Rate	Amount
18	Hours Rig Time	195.00	3,510.00T
	Casing Knife	350.00	350.00T
5	Sacks Cement	15.00	75.00T
	Sand	40.00	40.00T
	4-30-15 Set in on location, rigged up, tagged bottom @5175', dug cellar and pit, plugged off bottom with sand to 4700', dumped 5 sacks cement on top with bailer. rigged up floor, had 23" of stretch, cut casing @2800', shut down. 10 Hours		
	5-1-15 Cut pipe loose @2570', pulled up to 1230', Copeland Cementers pumped 15 sxs. gel and 50 sxs. cement, pulled up to 548', pumped 50 sacks cement, pulled up to 40' and circulated 20 sacks cement to surface. Plugging Complete. 8 Hours.		
	KCC; Larry Harris Need to file CP-4 on Kolar. Sales Tax	7.15%	284.21
Total			\$4,259.21



FIELD ORDER N° C 42138

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

DATE 5-1 20 15

IS AUTHORIZED BY: LD Drilling (NAME OF CUSTOMER)
 Address _____ City S/B 1-27 State _____
 To Treat Well As Follows: Lease Anthony Well No. 1A-34 Customer Order No. _____
 Sec. Twp. Range _____ County Kiowa State KS

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
2	40	Mileage Pump Truck	4 ⁰⁰	160
2	115	Sacks of 60/40 2% Gel	10 ⁷⁵	1236 ²⁵
2	17	Sacks of Additional Gel	22 ⁰⁰	374
2		Pump Charge - Plug		650
2	132	Bulk Charge	1 ²⁵	165 ⁰⁰
2		Bulk Truck Miles <u>5.808 TX 40 miles = 232.327 mi</u>	1 ¹⁰	255 ⁵⁵
		Process License Fee on _____ Gallons		
TOTAL BILLING				2840 ⁸⁰

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 Greg Curtis
 Station GB

Milze Kelso
 Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

