KOLAR Document ID: 1405223

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 #:			APIN	No. 15			
Name:				Spot Description:			
Address 1:				Sec			
				Feet fron			
City:	State	:		Feet fron			
Contact Person:			Foota	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 #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No				County: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)			
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC District Agent's Name)		
De	epth to Top:	Bottom: T.D	Plugo	Plugging Commenced:			
De	epth to Top:	Bottom: T.D	"	, ,			
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .			
	ss of all water, oil and gas	s formations.					
	Oil, Gas or Water Records			Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		plugged, indicating where the			nods used in introducing it into the hole. If		
Plugging Contractor License #: Name:							
Address 1: Address							
City:			State	:			
Name of Party Responsi	ible for Plugging Fees:						
State of	Co	unty,	, SS.				
				Employee of Operator of	or Operator on above-described well,		
	(Print Na			=mpio, so oi operator o	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.



PLA

FIELD ORDER Nº C 45031

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

IS AUTHORI	ZED BY:	Bear Part	(NAME OF CUSTOMER)				
Address			City	Sta	ate		
To Treat Well As Follows:	Lease SU	-Shannon A	_ Well No. 2	Customer Order	No		
Sec. Twp. Range			County Cember	Sta	ate Ks		
not to be held li implied, and no treatment is pay our invoicing de	able for any dai representations able. There wil partment in acc	consideration hereof it is agreed that Co mage that may accrue in connection with s have been relied on, as to what may be I be no discount allowed subsequent to s cordance with latest published price sche s himself to be duly authorized to sign the	h said service or treatment. Cop the results or effect of the servi- such date. 6% interest will be cha edules.	eland Acid Service has made cing or treating said well. The arged after 60 days. Total cha	no representation, expressed or consideration of said service or		
THIS ORDER MU BEFORE WORK)		By			
	1	Well Owner of	or Operator		Agent		
CODE	QUANTITY		DESCRIPTION		NIT OST AMOUNT		
	\	Pung dry For Plu	y Jab		650 °		
	\	Poly pipe Tagiler	Hental		350 =		
	11030	1 60-40-200 Poz	10'15 soule.		1182 -		
	Lin 18	Pag tout miley &	split 6 wells		(d) 000		
	45 ml	Truck 105 mily	split Swells		36 3		
		· · · · · · · · · · · · · · · · · · ·	`				
		*	9				
		35)					
		·					
	11000	Bulk Charge Min el	~		15000		
	H3Das	Bulk Truck Miles 100	sa mila		463		
		Process License Fee or		lons			
			TC	OTAL BILLING			
manner u	nder the dire	e material has been accepted an ection, supervision and control of					
	Copeland Representative // //						
Station	Station Well Owner, Operator or Agent						
Remarks_	Plu	JOH 12:35	NET 30 DAYS				



TREATMENT REPORT

Acid Stage No. PJ

			-			Type Treatment: Amt.	Type Fluid	Sand Size Pounds of Sand		
Date.	2-1	-15 DI	ptrict Bul	Prince F.	0. No	BkdownBbl. /Gal				
Company Begg Pot					Bbl. /Gal					
Well 2	Nume &	No SU	Sperm	B 2		Bbl. /Gal.				
						Bbl. /Gal.				
Count	, C	melen		State		FlushBbl./Gal.				
		2				Treated from	ft. to	ft. No. ft		
Casin	u: Size	53	Type & Wt		Set at	from	ft. to	ft. No. ft		
Form	ation:			Perf	to	from				
					to			10 30		
					to	Pump Trucks. No. Used: Std. 323 Sp. Twin				
Liner	: Size	Type & W	t	. Top atf	t. Bottom atft.					
					.ft. toft.	Auxiliary Equipment Bulk S	322 171	3.3		
Tubin	g: Bise	£ Wt		Swung at	ft.	Packer:		Set at		
	Per	forated from		ft. to		Auxiliury Tools Petro	r 4 1 102	Set at It.		
						Plugging or Sealing Materials: T:	upe 110 Saak	60-40-2 6 702		
Онел	Hole Six	e	. T.D	n. P.	B. toft.			Galslb.		
						()	11			
Comp	oany l	Representativ	e			Treater /7.19	5/			
T	IME	PRES	SURES	Total Fluid		REMA	R K S			
a.m	/p.m.	Tubing	Casing	Pumped						
12	:05				On loc	RE Up go over	13A			
	:				Run pola	to 305' Had to	work dow-	last 15'		
	:			0	Tie or &	wat history				
	:			10881	Stept purp	of paly out bec		Dayy Much		
	:			0	Suce mike	good about hole	60-40-220	19 5,5 3 rus 424		
	:			4 881	Brenk cire	9.023				
	:			7881z	Beech Cir	On 876				
	:			20834	Good coner	I book side our	p poly our	Τ		
	:				Shut well	In hoth sixue	, 7			
1	:00				wash or	teni down La	ef lee.			
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