KOLAR Document ID: 1405225

**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 #:				API No.	15			
Name:				Spot Description:				
Address 1:				SecTwp S. R EastWest Feet from North / South Line of Section				
Address 2:								
City:	State:	Zip: +	.	Feet from East / West Line of Section				
Contact Person:				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:  The plugging proposal was approved on:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes						
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging Commenced:				
Depth to	Top: Botto	m: T.D		00 (	•			
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Re	ng Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If		
Plugging Contractor License #: Na				:				
Address 1: Addre				;s 2:				
City:			;	State:		Zip:+		
Phone: ( )								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, SS.				
	•				Employee of Operator or	Operator on above described		
(Print Name)				⊑	imployee of 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.



PLA

FIELD ORDER Nº C 45030

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

			316-524-1225	DATE Feb. 1		20 18
IC ALITHOR	IZED BV	Brax Pet		DATE PEOS:		20_18
15 AUTHUR	IZED BT:	Tak 167	(NAME OF CUSTOMER)			
Address			_ City		State	
To Treat Well As Follows:	Lease Su-	Shannon AB®	_ Well No	Customer	Order No	
Sec. Twp. Range			_ County Cowley		_ State 🖳	
not to be held implied, and no treatment is pa our invoicing d	liable for any dar prepresentations yable. There will epartment in acc	consideration hereof it is agreed that Cop nage that may accrue in connection with have been relied on, as to what may be be no discount allowed subsequent to s ordance with latest published price sche himself to be duly authorized to sign thi	said service or treatment. the results or effect of the such date. 6% interest will b dules.	Copeland Acid Service has servicing or treating said we se charged after 60 days. To	made no represell. The consider	entation, expressed of ation of said service of
	UST BE SIGNED			By		
		Well Owner or	r Operator	7/	Agent	
CODE	QUANTITY		DESCRIPTION		UNIT COST	AMOUNT
	\	Porpoly for ply Poly pipe Rented 60-40-27 Poz	Job			C050 50
	1	Poly pipe Rentes	<u> </u>			J.50=
	135 sale	60-40-2% Poz	1077 sack.			1343 75
	Simple	I way penso truck ?	aplit 6 wells			60=
	45 mil	Pick up 105 to how	Osly Teach	2 mile solit	5 wells	36=
			1.7.	,		
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		A				
				-		
	125 seed	Bulk Charge 125 3 3				156 25
	HUE 35	0 101	′ \			90
	4.18	Bulk Truck Miles /// tox	mile			526 =
		Process License Fee on	1	Gallons		
				TOTAL BILLING		
manner u	under the dire	material has been accepted and cition, supervision and control of	d used; that the above the owner, operator o	service was performer r his agent, whose sig	ed in a good a nature appea	nd workmanlike rs below.
	Representativ	July 1				
Station	13 cm	Pton		Well Owner, Operato	or or Agent	
Remarks_	Ply	014 12:00	NET 20 DAYO	, , , , , ,	<u> </u>	
	_	7	NET 30 DAYS			



## TREATMENT REPORT

Acid Stage No. 25

					Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand		
Date 2-1	-18 p	strict Buch	ter F. C	). No	Bkdown	Bbl. /Gal			***************************************		
Company Cocc for Well Name & No U - Shown AB											
					Bbl. /Gal						
						Bbl. /Gal					
County Co	suskey		State XS		FlushBbl. /Gal.						
County					Treated from	ft	. to	ft. No. f	't		
Casing: Size.	53	Type & Wt.		Set atft.	from	ft	to	ft. No. f	't		
				to	from	ft	to	ft. No. f	't		
				to			-200201-001	0			
				to	Actual Volume of	Oil/Water to Load	Hole:		Bbl /Gul.		
				. Bottom atft.	Pump Trucks, N	o. Used: 8td32	38p.	Tw	in		
				ft. toft.	Auxiliary Equipn	ient BUK 323	- TT 133				
				ft.							
				n.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Peri	forated from				Plugging or Seali	ng Muterials: Type.	125sole	100-40-	-2°20 Pox		
			4. 1. 1		a subsection to the control of the c						
Onen Hole Size	e	т.р.	т. Р.1	3. toft.		1	,				
					Treater	12	. 1				
Company R	lepresentativ				1 reater	Man 1	#				
TIME		Casing	Total Fluid Pumped			REMARE	8				
(a.m)/p.m.	Tubins	Casing		m 1	E 10 105						
11:15				On loc 1	DD KY	MA -					
:				Run poly	bibs to	22.12					
٠:			0	Stort wat	in to loo	el,					
:			LBBh	Book Ci	2e au 53	7 1					
:			0	Staff Mi	Cy con	down hote	5,5 sock	SURPY			
:			2 BB1	Bruk Cine	9 8381	. 851					
12:05			2388	125 South	good Ca	net 8/8,	752, po	mp pol	400		
:				Short well	1 1/2 WE	t and	err dow	N	J		
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