KOLAR Document ID: 1405229

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:				Sec Twp S. R East West 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 #: Well #:				
ENHR Permit #: Gas Storage Permit #:								
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: Botto	m: T.D		Plugging Commenced:				
Depth to	•	m: T.D		00 0				
Depth to	Top: Botto	m:T.D			y			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		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 #:								
Address 1:			Address 2:	:				
City:			;	State:		Zip:+		
Phone: ()								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, ss.				
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed deceribed		
(Print Name)				E	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.



PIA

FIELD ORDER Nº C 45034

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

			310-324-1223	DATE FOR	. (20 18
IS AUTHOR	IZED BY:	Bene Pat				
Address		,	(NAME OF CUSTOMER) City		State	
		ce L Pising "		Custon		
Sec. Twp. Range		2	County Cowle	\	State 🕹) Ve
not to be held implied, and no treatment is pa our invoicing d	liable for any dan o representations yable. There will epartment in acco	consideration hereof it is agreed that may accrue in connection have been relied on, as to what may be no discount allowed subsequent ordance with latest published price s himself to be duly authorized to sign	with said service or treatme be the results or effect of to to such date. 6% interest w chedules.	nt. Copeland Acid Service he servicing or treating sai ill be charged after 60 days	has made no repre d well. The conside	sentation, expressed ration of said service
	UST BE SIGNED (IS COMMENCED	Mall Our	er or Operator	Ву	Agent	
	T I	Well Own			UNIT	
CODE	QUANTITY		DESCRIPTION		COST	AMOUNT
	\	Punp chy for &	dot ply			C650 50
N	11000	60-40-120 Poz	1055 god			1182=
	92 mily	Porp Touch wiley	split between	Cwells 4 1	pila	60 00
						
						
						
	110301.	Bulk Charge \ 25/ 300	. 0	nin elm		1500
	445 28	Bulk Truck Miles	•	7		487 31
	7.19	Process License Fee	on	Gallons		161
				TOTAL BILLING	i	
manner	under the dire	material has been accepted ction, supervision and contro				
Copeland	I Representativ	e Any M				
Remarks	Pir	out 3:45		Well Owner, Op	erator or Agent	
omans	1100) "	NET 30 DAYS			



TREATMENT REPORT

Acid Stage No.

Λ.					Type Treatment: Amt.	Type Fluid	Sand Size	l'ounds of Sand		
Dur Feb	8706 S.	Murice Bus	por r.). No	BkdownBbl. /Ga	1	******	***************************************		
Dave Ver				Bbl. /Gal.						
Well Name & No. BRANCES A RENT										
Location	7		Field S	<u></u>	Bbl. /Ga	ı		***************************************		
County Car	nha		State X		FlushBbl. /Ga	l				
	3				Treated from	ft. to	ft. No. ft	t		
Casing: Size	4/2	Type & Wt		Set at	ft. fromft. toft. No. ft					
				to	from	ft. to	ft. No. ft	t		
				to			101	0		
				to	Actual volume of Oil/water to Load Fine:					
				. Bottom atft.						
				ft. toft.	Auxiliary Equipment Billes	122 TT 1	3.1			
				ft.	Packer: Set at ft.					
				t <u>ı</u>	Auxiliary Tools		***************************************			
					Plugging or Scaling Materials: 7	ype 110 Sechus C	0-40-2	Zo Po2		
Own Hole Size	•	T. D.	ft. P.1	3. toft.				lb.		
THE THE THE					1	- 1				
Company R	enresentativ	•			Treater / /	5//				
TIME	and the state of the state of the state of	SURES	Total Fluid			1				
a.m /p.m.	Tubing	Casing	Pumped		REMA	RKS				
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2:45				Dish.	COL	to lord o	2511			
:			9 88h	Break Alse	8. 818	7				
- : -		-	22001	Stort Mix	A COLOR TO THE PARTY OF THE PAR	lok.	1.			
3:45		-	21 BBH	Choose Sink	6 1 1 1 1	hor any	; .V			
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