

**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**



FIELD ORDER N° C 45630

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

8/16/12  
8/17/12  
DATE 8/20/12 20

IS AUTHORIZED BY: LD Drilling (NAME OF CUSTOMER)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 To Treat Well As Follows: Lease Acun Well Well No. 1-10 Customer Order No. \_\_\_\_\_  
 Sec. Twp. Range \_\_\_\_\_ County Steppard 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 \_\_\_\_\_ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
8/16/12	2	mileage pump truck	4.00/	80.00
	2	mileage pickup	2.00/	40.00
	2	Pump Charge - Plus		650.00
	2	100 00/40 pac. 2% sol.	10.75/	1,075.00
	2	2% additional sol.	22.00/	44.00
8/17/12	2	mileage pickup	2.00/	40.00
	2	Pump Charge - Plus		650.00
	2	100 00/40 pac. 2% sol.	10.75/	1,075.00
	2	2% additional sol.	22.00/	44.00
8/20/12	2	mileage pickup	2.00/	40.00
	2	Pump Charge - Plus		650.00
	2	130 Comma- Calcium chloride	12.75/	1,657.50
	2	8 500# Hulla	30.00	240.00
	2	32 Gel on the side	.40	200.00
	2	375 Bulk Charge	22.00/	726.00
	2	Bulk Truck Miles 17.27 x 20 = 345.4 x 1.10	1.25/	466.75
	2		1.19	378.40
		Process License Fee on _____ Gallons		8,058.65
<b>TOTAL BILLING</b>				

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 Nathan W.

Station G.D.

K. L.  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**

**TREATMENT REPORT**

Acid Stage No. \_\_\_\_\_

Date 8/16/2018 District GB F.O. No. C45630  
 Company LD Drilling  
 Well Name & No. Dawn Nell 1-18  
 Location \_\_\_\_\_ Field \_\_\_\_\_  
 County Stafford State KS  
 Casing: Size 5.5" Type & Wt. \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Liner: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Top at \_\_\_\_\_ ft. Bottom at \_\_\_\_\_ ft.  
 Cemented:  Yes  No Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Tubing: Size & Wt. 2" Swung at \_\_\_\_\_ ft.  
 Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Open Hole Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

Type Treatment: \_\_\_\_\_ Amt. \_\_\_\_\_ Type Fluid \_\_\_\_\_ Sand Size \_\_\_\_\_ Pounds of Sand \_\_\_\_\_  
 Bkdown \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 Flush \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 Treated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0  
 Actual Volume of Oil / Water to Load Hole: \_\_\_\_\_ Bbl./Gal.  
 Pump Trucks. No. Used: Std. 320 Sp. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment 367/308  
 Personnel Nathan  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type \_\_\_\_\_ Gals. \_\_\_\_\_ lb.

Company Representative Kelso Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:00		5.5"		8/16/18 On Location.
				Mix 13sks of gel and 50sks 60/40poz 4%gel at 730'
				Pump 25bbbls of water and 50sks at 360' No circulation.
9:00				8/17/2018
				Tag cement at 900'
				Mix 50sks at 730'
				Pump 30bbbls water at 360' No circulation.
				Mix 50sks at 600'
8:00	2"			8/20/18 On Location.
				Pump 25bbbls water with 450# Hulls at 730' Had circulation.
				Mix 50sks Common 3% Calcium Chloride at 730' with 50# Hulls.
				Mix 50sks at 360'
				Mix 30sks at 60' Circulated cement to surface.
				Thank You!
				Nathan W.