

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

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

V45731

INVOICE NUMBER:
C45411-IN

BILL TO:

JOHN JAY DARRAH, JR.
 PO BOX 2786
 WICHITA, KS 67202-2786

LEASE: **FINNEY #1-9**

82300/800

CEMENT

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
08/22/2018	C45411		08/16/2018		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		NEW WELL				
70.00	MI	MILEAGE PICKUP		20.00	2.00	112.00
70.00	MI	MILEAGE CEMENT PUMP TRUCK		20.00	4.00	224.00
1.00	EA	PUMP CHARGE-P.T.A.		20.00	650.00	520.00
195.00	SK	60/40 POZ MIX 2% GEL		20.00	10.75	1,677.00
4.00	SK	2% ADDITIONAL GEL		20.00	22.00	70.40
199.00	EA	BULK CHARGE		20.00	1.25	199.00
614.60	MI	BULK TRUCK - TON MILES		20.00	1.10	540.85
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,343.25
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		LYOCO Sales Tax:		131.06
		NET 30 DAYS		Invoice Total:		3,474.31

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.



NEW WELL

FIELD ORDER N° C 45411

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

DATE 8-16 2018

IS AUTHORIZED BY: DARRAH Oil (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease FINNEY Well No. 1-9 Customer Order No. _____

Sec. Twp. Range _____ County LYON 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	70	Mileage Pickup	2.00	140.00
2	70	Mileage Pump TRUCK	4.00	280.00
2	1	Pump Chg. P.T.A.	650.00	650.00
2	195 _{5x}	60-40 Poz 2% Gel	10.75	2096.25
2	4 _{5x}	ADDITIONAL Gel	22.00	88.00
2	199	Bulk Charge	1.25	248.75
2	70	Bulk Truck Miles $8.98 = 644.40 \times 1.10$		678.06
		Process License Fee on _____ Gallons		
		TOTAL BILLING	20%	4179.06

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 Duane Brozek

Station Gr Bend, Ks.

Jud

Well Owner, Operator or Agent

Remarks _____

895.81
3343.25

NET 30 DAYS

TREATMENT REPORT

Acid Stage No.

Date 8-16-18 District Gr. Bend F. O. No. 45411
 Company DARRAH OIL
 Well Name & No. FINNEY 1-9
 Location Field
 County LYON State K.S.

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.
 from.....ft. to.....ft. No. ft.
 from.....ft. to.....ft. No. ft.
 Actual Volume of Oil /Water to Load Hole: Bbl. /Gal.
 Pump Trucks. No. Used: 365 Sp. Twin
 Auxiliary Equipment 327
 Packer:..... Set at.....ft.
 Auxiliary Tools DUANE TIM. MIKE
 Plugging or Sealing Materials: Type.....

Casing: Size..... 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..... Swung at.....ft.
 Perforated from.....ft. to.....ft.
 Open Hole Size..... T. I.ft. P. B. to.....ft.

Company Representative Jud Treater DUANE

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:00				ON LOC
10:30			27.18'	1 st Plug @ 2759' w/ 40sx 60-40 Poz 490 Gel w/ 2 BRLS WATER & 15 BRLS MUD 40sx
			18.36	2 nd Plug @ 2387' w/ 40-60 Poz 490 Gel w/ 2 BRLS WATER & 10 BRL MUD 25sx
11:30			13.36	3 rd Plug @ 1957' w/ 40-60 Poz 490 Gel w/ 2 BRLS WATER & 5 BRLS MUD 25sx
12:00			7.96	4 th Plug @ 248' w/ 25sx 40-60 Poz 490 Gel w/ 1.6 BRLS WATER
			4.36	5 th Plug @ 60' w/ 15sx 40-60 Poz 490 Gel w/ .5 BRLS WATER
			3.86	Top Off w/ 15sx 40-60 Poz 490 Gel
			6.36	Fill mouse hole w/ 25sx 40-60 Poz 490 Gel
			6.36	Fill RAT hole w/ 25sx 40-60 Poz 490 Gel
2:00				Job Complete