KOLAR Document ID: 1466887

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 -				
OPERATOR: License #:				Spot Description:				
				Sec Twp S. R East West Feet from North / South Line of Section				
Contact Person:			Footage	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 Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.				County: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name)				
De	pth to Top:	Bottom: T.D	""					
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:				
Show depth and thickness	ss of all water, oil and gas	formations.						
Oil, Gas or V	Water Records		Casing Record (Su	ing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If			
Plugging Contractor Lice		_ Name:	:					
Address 1: Address				s 2:				
City:			State:					
Phone: ()								
Name of Party Responsil	ble for Plugging Fees:							
State of	Cou	unty,	, SS.					
(Print Name)			E	mployee 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.



FIELD ORDER Nº C 47419

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

			316-524	-1225	DATE July	10	2019
		0 0			DAIL STORY	2	20
IS AUTHORI	ZED BY:	Bear Per	(NAME OF	CUSTOMER)			
Address			City			State	
To Treat Wel As Follows:	Lease Sex	Howstrom	Well No.	2	Custome	er Order No	
Sec. Twp. Range			County _	Cowly		State 🖳	-
not to be held I implied, and no treatment is pa our invoicing de	iable for any dar representations yable. There will epartment in acc	consideration hereof it is ag mage that may accrue in co have been relied on, as to I be no discount allowed sul ordance with latest publish himself to be duly authoriz	nnection with said service what may be the results of osequent to such date. 6' and price schedules.	e or treatment. or effect of the se % interest will be	Copeland Acid Service hervicing or treating said charged after 60 days.	has made no repres well. The consider	sentation, expressed of ation of said service of
	JST BE SIGNED IS COMMENCED		Well Owner or Operator		Ву	Agent	
CODE	OLIANITITY		DESCR	IDTION		UNIT	AMOUNT
CODE	QUANTITY		DESCH	IPTION		COST	AMOUNT
	1	Porp chy	too play	do			C50-
	85 mlu	Iway mile	2 4 mil	re			340=
	1403ala	(00-4B-2°	o for 112	7 Soch			15750
	38	Coloina Obli	20 de 40"	acoli			120 0
	1004	VIII CHO	\$ (1)	1 3 66			HD ==
	100	MAILS TO	(hb:				10
							<u> </u>
		 					
							_ 2
	140 sel	_Bulk Charge	7 sac				175-
	517 65	Bulk Truck Miles	of to- mile				569 42
	311	Process Lice			Gallons		341
	-	Process Lice	51156 1 66 OII		200		
					TOTAL BILLING		
manner	that the above under the dire	e material has been a ection, supervision an	ccepted and used; the control of the owner	nat the above er, operator o	service was perfor r his agent, whose	med in a good signature appe	and workmanlike ars below.
Station_	12	weston					
J.G.1011	.0.	^		\ <u>\</u>	Well Owner, Ope	rator or Agent	
Remarks	Phy	OM 2145	NET 20	DAYS			
		<u>ر</u>	141 20	DAIS			



TREATMENT REPORT

Acid Stage ACT

					Type Treatment: Amt.	Type Fluid	Sand Size	l'ounds of Sand		
Date 10 19 Dispert Busalow F. O. No.				AND ADDRESS OF THE PROPERTY OF						
Company Please Pleat										
Well Name & No. Settor Stron #2					/Gal					
LocationField				Bbl./Gal.						
County Cowley State X				FlushBbl. /Gal						
	-				Treated from	ft. to	ft. No. ft			
Casing: Sixe.	52	Type & Wt		Set atft,	from	ft. to	ft. No. ft	• • • • • • • • • • • • • • • • • • • •		
Formation:			Perf	to	from	ft. to	ft. No. ft	4		
Formation:			Perf	to	Actual Volume of Oil / Water to Load Hole:					
Formation:			Perf	to	Actual volume of only water					
Liner: Sixe	Type & W	t	Top atft	. Bottom atft.	Pump Trucks. No. Used: Std	1	Twi	n		
Ceme	ented: Yes/No.	Perforated fro	om	ft. toft.	Auxiliary Equipment BM	K 322 T	T 133			
Tubing: Size &	Wt		Swung at	ft.	Packer:		Set at	ft.		
	orated from	325	rt. to3	24 11	Auxiliary Tools		/ 0	2000		
					Plugging or Sealing Material	11: Type 140 Sach	2 (10-40	1-126162		
Onen Hole Size		T. D		3. toft.	1007 Hulls	f	Gala.			
					L 1	Λ .				
Commany R	epresentativ	e			Treater 11	141				
TIME		SURES	Total Fluid			ARKS				
a.m /p.m.	Tubing	Casing	Pumped		REI	4 A/K K S				
11:30				Du loc 3	TRA Rin h	the or	55 84	upp to		
				1500 5	as ladam ch	V. 1				
-:			38881	Mis Bloss	LO CIRC	1921				
-:-			-300 DODE	Propose >	The state of	- PIL. 40	Scale			
-:-			-0	O ZO	CC 1 HD Son	1. DE W	100# H.	11/2		
			14881	Deals C	iRe after 3	5001 Att.	Tany	112.		
-:-			171201	61	100 C C 898	STORE TO LOW	10.00			
-:-			-	Have Good		Q5/2 8271	#102 1	2146		
				000 000	Decurred up	018 301	2002	INVO		
13:30		-	0	trut BB	DIS WELL TO	el wetra	TEKTZO			
1.30			1	Jet ges	off cary sty	- 1/2	va last.			
		-	12851	DIENTO CVA	cally Carms out	110	07.000	*		
:		-	J888)	3/11	ACAR SCAN	1/00 6 ()	a sacrete	2		
		-	-	7/1130 die	-, 01		m.			
		-		Come Ston	Caro Wash w	R Truck				
-:-		-		Comes Story		weth				
2:110-			-	110 01 CV	Il y borns 10 la	Meta				
2:45			-	300th Car	De Callinto	St. 10 1 pl	lecular			
3 30				Jean ove	and Call 10 00	atite has	Lecuran			
-:		-	 							
-:-		 		01, 000	2:45					
-:			1	1100 011	0,10					
-:-		 	<u> </u>	7						
-:-		-		 	· · · · · · · · · · · · · · · · · · ·					
-:		 	-							
-:-			-							
-:										
-:-		-	-							
•						4				
- :										
-:-		-								
•		-	-							
-:			 							
-:-			+							
			1	I.						