## KOLAR Document ID: 1522850

**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:	
Address 2:	Feet from North / South Line of Section
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 #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  No    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 #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	r 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.	
(Print Name)	Employee of Operator or	r 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.

## Submitted Electronically

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		316-524-1225	DATE	Ē	7-Apr 20 2
AUTHORIZED	DBY: Dam	ih Oil			
		(NAME OF CUSTOMER	,		
Idress		City		State	·
TREAT WEL		Maash			
S FOLLOWS	Lease Jonn	Vacek Well No	1 Customer (	<b>Order No.</b>	
ec. Twp. ange		County Ellsworth		Ototo	KO
	of the consideration	hereof it is agreed that Copetand Acid is to service or treat at owners risk, the hereinbefore me		State	<u> </u>
ilod, and no represen itment is payable. The involcing department The undersign IS ORDER MUST	tations have been n the will be no discou- in accordance with red represents him BE SIGNED	a in connection with said service or treatment. Copeland Acid Service has made no represents lied on, as to what may be the results or effect of the servicing or treating said well. The consid it allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges at atest published price schedules. Isself to be duly authorized to sign this order for well owner or operator.	leration of said sorvice a subject to correction	or by	
FORE WORK IS C	COMMENCED	Well Owner or Operator	<sup>By</sup>		Agent
CODE	QUANTITY	DESCRIPTION		UNIT COST	AMOUNT
20.0001	30	Mileage P.U.	\$2	.00	\$60.0
20.0002		Mileage P.T.		.00	\$120.0
20.0003	1	Pump Charge Plug	\$6	50.00	\$650.0
20.1002	200	60/40 Poz 2% Gel	\$1	1.25	\$2,250.0
20.1004	4	Add. Gel after 2% Per Sack	\$2	2.00	\$88.0
20.1005	7	Gel on side per sack	\$2	2.00	\$154.0
20.1001	135	Common Cement Sack	\$1	3,25	\$1,788.7
20.1012	8	Calcium Chloride per 50 lb.	\$4	0.00	\$320.0
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20.0044		Pulk Charge		06	
20.0011 20.0012	<u> </u>	Bulk Charge Bulk Truck Miles		.25	\$442.8 \$524.7
20.0012	411	Process License Fee on Gall			
			L BILLING		\$6,397.9
I certify that	the above ma	terial has been accepted and used; that the above service was	performed in a	good and	workmanlike
manner und	er the directic	n, supervision and control of the owner,operator or his agent, w	hose signature	appears	below. 95438
Copeland R	epresentative	Nathan W.		:	
Station G	3	Mike K.			
Remarks			Well Owner,	Operator or /	gent
		NET 30 DAYS			

hun Acid 8	ELIII & Ceme	nt 👗		TREAT	ient report			Acid Stage N	o	
ste <u>4</u>			F.O. N	o. <u>50206</u>	Type Treatment: Amt. Bkdown	Bbi./Gai.	Type Fluid			inds of Sand
· · · · -	& No. John V	scek #1				Bbl./Gal.				
cation _			Field			65J./Gal.				
ounty 1	Ellsworth		State KS		Flush	8bl./Gal.				
•					Treated from		fl. to		No. ft.	
		' Type & Wt.	Perf.	Set atft. to	from from		ft. to	ft.	No. ft	0
ormation:					Actual Volume of Oil / Water	-		464		Bbl./Gal
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		Perforated f			Auxiliary Equipment		<u> </u>	360/308	_ ' <b>`</b>	•
	Size & WL		Swung at		Personnel Nathan-Clare	nce-Mila	2			
	Perforated	from	ft. to		Auxiliary Tools					•
					Plugging or Sealing Materials	: Туре				
Open Hole :	Size	T.D		8. toft.				Gata		<u> </u>
ompany A	lepresentative		Mike K		Treater		Nat	than W.		
TIME	PRE	SSURES	Total Fluid Pumped			REMA	RICS			
m/p.m.	Tubing	Casing								
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		+					40.001	111.1.4.1		
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	· · · · · · · · · · · · · · · · · · ·			Mix 50sks Comr plug at 1140'	non 3% Calcium C	hlorid	e at 1300'	Wait 1 ho	our and	tag
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