

**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 47665

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

DATE Dec 03 20 50

IS AUTHORIZED BY: Bob Perry (NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Yacborough Well No. 1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Cowley 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
	1	Pump charge for surface plug		0.50 <sup>00</sup>
	140 sacks	60-40 # 2 1/2" @ 11.25/sack		1575 <sup>00</sup>
	90 miles	1 way pump truck mileage 4.1/mile		360 <sup>00</sup>
	1400 gal	Bulk Charge @ 1.25/sack		175 <sup>00</sup>
	548.10	Bulk Truck Miles @ 1.10/mile		602.91
		Process License Fee on _____ Gallons		
<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 [Signature]

Station Yacborough

Remarks Plug Out 1:50 PM

**NET 30 DAYS**

**TREATMENT REPORT**

Acid Stage No. DT

Date 12/23/20 District Bucklin F. O. No. \_\_\_\_\_  
 Company Bob Pat  
 Well Name & No. Yanbuough #1  
 Location \_\_\_\_\_ Field \_\_\_\_\_  
 County Cowley State Mo  
 Casing: Size 52 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.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. \_\_\_\_\_  
 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: Std. 323 Twin  
 Auxiliary Equipment Bulk from Gr. Bend  
 Packer: \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type 140 sacks GO-40-250 Gal. \_\_\_\_\_ lb. \_\_\_\_\_

Company Representative \_\_\_\_\_

Treater Ray N

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:50				Op location 323 Take off casing head
:				& die out beader head & pipe up to surface
:				Help see set 323 @ 3300 dump 11 barrels full
:				connect on pipe
12:40		350	0	rig on 52 through 52 sucker start water
:			62RB	Casing loaded pressure up to 350 + hold
:			1123V	Run 1 gal of perf. fluid 350
1:00			0	420 barrel more broke pipe on 52
:			93RBV	Run up to mix cement w/ on Bulk to show up
1:40				Start mixing gas down 52
:				140 sacks acid added showing on surface
2:30				work up idea down
:				Down 80' in 52 fill up w/ clay
:				left over