#### KOLAR Document ID: 1577974

**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:	Sec Twp S. R East West
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 #:	County: Well #: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC <b>District</b> Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	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 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



#### FIELD ORDER № C 47742

# BOX 438 • HAYSVILLE, KANSAS 67060

IS AUTHORIZED BY: BRAR POT	310-324-1225	DATEJUNE H	20 21
	(NAME OF CUSTOMER)		
Address	City	State	
To Treat Well As Follows: Lease	Well No. A 32	Customer Order No.	
Sec. Twp. Range	County Greenwoo	State	Ke

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.

By

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

Second Second Character		Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
		Pump Comp for plus Tob		69~
	Tosal	Class A tom 132 Soch		927 50
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		Bulk Charge non chan		15000
	87945	Bulk Truck Miles 110 ton mile		307 62
		Process License Fee onGallons		Sont D
		TOTAL BILLING		
Leastificat	hat the above	meterial best been seconded and used, that the share and is a second	1.	

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** Station

Remarks

Well Owner, Operator or Agent

NET 30 DAYS



## TREATMENT REPORT

Acid Stage No.

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			-			Type Treatment:		Type Fluid	Sand Size	Pounds of Saud
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