KOLAR Document ID: 1585771

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:	Footages Calculated from Nearest Outside Section Corner:
Type of Well: (<i>Check one</i>) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #:	NE NW SE SW County:

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.
(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

Acid & Cement		FIELD ORDER	№ C	47777
ACICI & CEINEIIL BOX 438	HAYSVILLE, KANSAS 67060			
	316-524-1225	A M		2081
IS AUTHORIZED BY: Gressed On	(NAME OF CUSTOMER)	6		
Address	(NAME OF COSTOMEN)		State	
To Treat Well As Follows: Lease	_ Well No. A	Customer Orde	er No	
Sec. Twp. Sec. Twp. Range	County Sumper-	S	State La	

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_

		Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	N	Pump chy, for phy Job		650-
	JEDEal	Class H Com 13 32 Sail		2385=
	1653	1 (00-40-2 20 Roz 1127 Sach		1856 25
	(eboy	Calcium Chlorile 40° sack		240 =
······································	2000	Hulls 40t/Lb		80
	45m	" Tway miling from Peck Jard, 4 mile		180=
5		8		
	31532	Bulk Charge 25 Scale		393 15
	699 38	Bulk Truck Miles		769 97
		Process License Fee onGallons		
		TOTAL BILLING		

Copeland Representative	
Station_ Burkette	Well Owner, Operator or Agent
Remarks Plus out 3,00 Pm	
NET 30 D	DAYS



TREATMENT REPORT

Acid Stage No.

-		\cap			vpe Treatment: Amt.	Type Fluid	Sand Size Pounds of Sand
Date 82	DI DI	itrice 1548	F.C	B	kdownBbl. /Gal.		
Company	Spessel.	01			Bbl. /Gal.		
Well Name &	No. WRI-	by B	1		Bbl. /Gal.		
Location		2	Field		Bbl. /Gal.		
					lushBbl. /Gal.		
					reated from	ft. to	ft. No. ft
Casing: Size	53	Type & Wt		Set atft.	from	ft. to	ft. No. ft
				to	from	ft. to	ft. No. ft
				to			Bbl. /Gal.
				Bottom atft. P	ump Trucks. No. Used: Std. St	23	Twin
				ft. toft. A	uxiliary Equipment Balk	322 TFT	133
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					uxiliary Tools		
	Iorated Ironnin			P	uxiliary Tools lugging or Sealing Materials: Typ	180 scale C	on 165 Seck toz
the state Sin	e	TD	(t. P.)	3. 10			
Then Hole Bis	e						
Comment	Representativ				Treater ber	4/1	
And and a second se	PRES	and the second	Total Fluid				
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