KOLAR Document ID: 1669693

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 #:			1	API No. 15	5			
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 Footages Calculated from Nearest Outside Section Corner:				
Contact Person:								
Phone: ()					NE NW	SE SW		
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:					County:			
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	No					
Producing Formation(s): List A	All (If needed attach another	sheet)						
Depth to	Top: Botto	m: T.D						
Depth to	Top: Botto	m: T.D						
Depth to	Top: Botto	m: T.D		Plugging (Completed:			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing F	ing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		-		•		ds used in introducing it into the hole. If		
Plugging Contractor License #:				ne:				
Address 1: A				ress 2:				
City:				State:		Zip:+		
Phone: ()				-				
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, ss.				
				_	ployee 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.



FIELD ORDER Nº C 48026

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

			DATE SON 13	20	3D	
IS AUTHORIZ	ZED BY:	Bear Pot				
Address		(NAME OF CUSTOMER)		Ctoto		
To Troot Moll	~	· ·		State		
As Follows: L	ease Tr	Well No	Customer Orde	er No		
Sec. Twp. Range		County Caush	(State		
not to be held lia implied, and no treatment is pay- our invoicing de The undersig	able for any da representations able. There wil partment in acc ned represents	consideration hereof it is agreed that Copeland Acid Service is to mage that may accrue in connection with said service or treatmet have been relied on, as to what may be the results or effect of the no discount allowed subsequent to such date. 6% interest wordance with latest published price schedules. himself to be duly authorized to sign this order for well owner or	ent. Copeland Acid Service has mad the servicing or treating said well. T vill be charged after 60 days. Total c	de no representation of the consideration of	n, expressed of	
THIS ORDER MU BEFORE WORK I		Well Owner or Operator	Ву	Agent		
CODE	QUANTITY			LIMIT	MOUNT	
CODE	QUANTITY	DESCRIPTION		COST	MOUNT	
		Prop chap soe Play Job		7	000	
	Lacard	2 60-40-402 Poz Poz 13 Joseph	•	34	37 30	
	10024	Hulls 50 Lb.			5000	
	Soâl	lug mily le mile		L	1800	
		8				
	2,5000	Bulk Charge		3	12=	
	038	Bulk Truck Miles 10 to miles		9	68=	
		Process License Fee on	Gallons			
			TOTAL BILLING			
manner ur	at the above	material has been accepted and used; that the abordion, supervision and control of the owner, operator	ove service was performed in or or his agent, whose signate	a good and wo	orkmanlike ow.	
Cialion	1000	1100	Well Owner, Operator or A	gent		
Remarks_	41/2	NET 30 DAYS				



TREATMENT REPORT

Acid Stage No. PJ

		_			Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Saud	
Date 12 22 District Sales F. O. No.					Bbjl. /Gal					
Company				Bbl. /Gal						
Well Name & No. 15/18/2				1	Bbl./Gal					
Location Pield States				1	Bbl. /Gal Bbl. /Gal					
County 33	nhe		Stute		1	Bbi./Gai.				
\	علد			15-A A PA		fi.				
Cusing: Size				Set at	1					
				to	_					
					200					
				Bottom atft.						
				ſt. toft.	Auxiliary Equipa	none Bulk 3	<u> </u>			
				£t.	Packer:			Set ut		
				tı.	Auxiliary Tools		000-	Μ [Λ]	110.	
						ng Materials: Type.				
then Hole Siz	e , <u>,</u>	T.D		s. tost.	100th Hw	<u> </u>			1b.	
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Company I	lepresentativ			<u> </u>	Treater	714 5	//			
TIME	PRES Tubing	SURES Casing	Total Fluid Pumped			REMAR	8			
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<u>10 :30</u>	<u></u>	250/150	3687	Doggen	No 253	Fell Log	de & held	150#	 	
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10:45			0	Tin book	O SKIPY	Water			···	
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11:08		ļ	30 BBL	COlosed Mu	AV3 10 3V	Blace Jos	73	tim Log	1100	
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