### KOLAR Document ID: 1669752

**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 #: Gas Storage Permit #:   ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Gas Storage Permit #:	County: Well #: Lease Name: Well #:
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 District 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 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 <mark>48009</mark>
IS AUTHORIZED BY: BEAR PET	BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225 DAT	re <u>Orz 16</u>	20_22_
Address	City		State
To Treat Well As Follows: Lease <u>Meyer</u>	Well No	Customer Orde	er No

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.

County Courte

State

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

Range

		Agent		
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	)	Ping Chy for Alm Jub		2002
	14052	A CO-40-2 2 Poz 1325/ Suk. a split 2 wells & k / mile Poly TRaile Repres]		1855 2
	75 mil	a split 2 wells to mile		22500
		Poly TRaile Rester)		2350
		2		
	1400	Bulk Charge 25/sect.		175-
	462	Bulk Truck Miles 10/ to~ mile		175-
		Process License Fee onGallons		
		TOTAL BILLING		

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_Burgerion_	
0	Well Owner, Operator or Agent
Remarks Mun Rut 1:45	
NET 3	D DAYS



# TREATMENT REPORT

Acid Stage No. PJ

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		~			Type Treatment:		Type Fluid	Sand Size	Pounds of Band
Date 21	ч <u>1</u> ,2,2, р	etrice SAS	J.c. J. C	). No	Bkdown			····· ································	
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					Treated from		. to	ft. No. f	t
Casing: Size.		Type & Wt		Set atft.	from	ft	. to	ft. No. f	t
Formation:					from		. to	ft. No. f	t
Formation			Perf	to					
				to			Hole:		
				. Bottom atft.	Pump Trucks. No	. Used: 81d. 395	3sp		in
				ft. toft.	Auxiliary Equipm	unt Birlk 3	22	Ruch 13	33
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