KOLAR Document ID: 1775759

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 #:			APIN	No. 15				
Name:				Spot Description:				
Address 1:				Sec				
				Feet fron				
City:	State	:		Feet fron				
Contact Person:			Foota	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()				NE NW	SE SW			
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	County: Well #: Lease Name: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)				
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC District Agent's Name)			
De	epth to Top:	Bottom: T.D	Plugo	Plugging Commenced:				
De	epth to Top:	Bottom: T.D	"	, ,				
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .				
	ss of all water, oil and gas	s formations.						
	Water Records			g Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the cter of same depth placed from			nods used in introducing it into the hole. If			
Plugging Contractor License #: Name:								
Address 1: Address								
City:			State	:				
Name of Party Responsi	ible for Plugging Fees:							
State of	Co	unty,	, SS.					
				Employee of Operator of	or Operator on above-described well,			
	(Print Na			=mpiogod of Operator o	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.



Station BURRTON, VS

Pia

FIELD ORDER Nº C 48335

Well Owner, Operator or Agent

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

		316	-524-1225	DATE Z	1200	20 24	
		7.5.		DATE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ZED BY:	1/4/-	ME OF CUSTOMER)				
ddress		City	y		State		
Treat Well s Follows: l	_ease^	ATAHLA We	II No. <u></u>	Customer	Order No		
ec. Twp. ange	6-34	5-4N CO	unty <u>SumNE</u>	x COUNTY	State _ks	\$	
t to be held li plied, and no eatment is pay r invoicing de The undersig	able for any dam representations vable. There will epartment in acco gned represents	onsideration hereof it is agreed that Copeland age that may accrue in connection with said have been relied on, as to what may be the re- be no discount allowed subsequent to such durdance with latest published price schedules himself to be duly authorized to sign this order.	service or treatment esults or effect of the ate. 6% interest will	 Copeland Acid Service has e servicing or treating said we be charged after 60 days. To 	s made no repre ell. The conside	sentation, expresse ration of said servic	
	IST BE SIGNED IS COMMENCED	Well Owner or Oper	rator	Ву	Agent		
CODE	QUANTITY	DE	UNIT	AMOUNT			
		Pump CHARGE FOX PLUG JOB	700.00	700.00			
	100	SACKS COMMON CEMENT			17.50	1750.00	
	120	SACKS WOLLD POZ			13.25	1662.00	
	96	MILEAGE FUEL CHARGE PU			6.00	576.00	
	6	SACU> CALCIUM CHORIDE MINI			42.00	252.00	
	22094	Bulk Charge @ 1.25				275.00	
	48 miles	Bulk Truck Miles 21.10				526.94	
		Process License Fee on		Gallons			



Acid &	Cemer	nt 🕰		TREATMEN	1 KEFUKI			Acid Stage	No
					Type Treatment:		Type Fluid		l'ounds of Saud
				O. No	1	Bbjl. /Gal			
panyE	EAR PETICO)		***************************************		Bbl. /Gal			
Nume &	NO NATAI	HLA				Bbl. /Gal			
tion			Field		1	Bbl. / Cal			
<u>5</u>	IMNERS COL	WTY	State KS			Bbl. /Gal			
	1/2					f			
				Set atft.	1	ft	•		
				to		£1			
				to	Actual Volume of	Oil/Water to Los	d Hole:	Le	Bbl. Cut.
				to					
				t. Bottom atft.	Pump Trucks. N	o, Used: Std	8p	Tv	vin
Cen	ented: Yes/No.	Perforated fro	om	ft. toft.		none Buile CEA			
				ft,	Packer:				
Per	forated from	<u></u>	<u>(), to</u>	tt.	Auxiliary Tools		100 or Pores	401/545	50/100370CE
Join Sir		T.D	ft. P.	.B. to.,f <u>t.</u>	Plugging or Seal	ng Muterials: Type	HOUSE WIN	OAIN CLIMENT	1 59/100/576CE
		<u> </u>			Treater	11/11	exell		
	Representativ	e Sures	Total Fluid	1			-		
ME /p.m.	Tubing	Casing	Pumped			REMARI	K 8		
:oz				ADL, JEA, RK U	P + TIE ONTO	CASING MI	X C-C- CAS	NG @ 900)1
53	· · · · · · · · · · · · · · · · · · ·	Ø	162882	START 50 ox COM	MON CEMENT	370 C.C. 541	EFY BROKE	CIRC. CLOB	BL
				23H BPMA	8#, ISIP-VI	AC. FINISH T	WILING CASING	S.WAIT Z +	tours Run
:		 		IN W. SAHD YN					
1	0	 	178BL	START 50 SX COMP					
_			1	1517- P BUL TO					
Z	a	 	42 BBL	START GOLLO PO	2 Siuffl u	NTIL GOOD CO	MENT & SUL	EFACE BROL	CE CICC.
				IMMEDIATEN, 3	BPM P.O. 1	518- D. Pur 7	UBING +402	o <i>FF</i>	
5				WASH UP, TEAR F					
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