

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 #: 7186  
Name: Docking Development LLC  
Address 1: P.O. Box 928  
Address 2: \_\_\_\_\_  
City: Arkansas City State: KS Zip: 67005 + 0928  
Contact Person: Larry Bartelson  
Phone: ( 620 ) 455-3444  
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  Gas Storage Permit #: \_\_\_\_\_  
Is ACO-1 filed?  Yes  No If not, is well log attached?  Yes  No  
Producing Formation(s): List All (If needed attach another sheet)  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - 191-10016-0001  
Spot Description: \_\_\_\_\_  
SE SE SW SE Sec. 17 Twp. 32 S. R. 2  East  West  
330 Feet from  North /  South Line of Section  
1,627 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Sumner  
Lease Name: Evans Well #: 3  
Date Well Completed: 5/27/1981  
The plugging proposal was approved on: \_\_\_\_\_ (Date)  
by: \_\_\_\_\_ (KCC District Agent's Name)  
Plugging Commenced: 5/22/2012  
Plugging Completed: 6/5/2012

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
		Surface	8 5/8"	200	0
		Production	4 1/2"	3739	0

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.

5/22 - Set CIBP at 3630'. Dump bailed 2 sax common cement on top of plug. Perforate from 300-301.  
5/23 - Run pipe to 300' and circulated 185 sax 60-40 poz 4% gel to surface. 6/5 - Ran pipe and tagged cement at 185'. Circulated 69 sax 60-40 poz 4% gel to surface. Job complete.  
Total cement - 256 sax

Plugging Contractor License #: 3004 Name: Gressel Oil Field Service LLC  
Address 1: P.O. Box 438 Address 2: \_\_\_\_\_  
City: Haysville State: KS Zip: 67060 + \_\_\_\_\_  
Phone: ( 316 ) 524-1225  
Name of Party Responsible for Plugging Fees: Docking Development LLC  
State of Kansas County, \_\_\_\_\_, ss.  
Larry Bartelson  Employee 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.

Signature: Larry Bartelson

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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JUN 26 2012  
KCC WICHITA

# COPELAND

Acid & Cement



FIELD ORDER Nº C 37524

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

DATE May 23 2012

IS AUTHORIZED BY: Darby Development (NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Evans Well No. 3 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Seminole State K.

**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.

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

By \_\_\_\_\_

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
		Prop. stop 2.2 pk job		446
		Poly + emb. Res. - 10		15.
	185 <del>3</del>	60-40-4% Poz. 1/2 in. - 11' d. pipe		141.15
	7	11' pipe 11' - 11' d. pipe		61.
185		Bulk Charge 1251 Sals - 11' d. pipe		231.15
676.75		Bulk Truck Miles 1101 - 11' d. pipe		676.75
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		1509.05

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 [Signature]

Station B-2

Remarks \_\_\_\_\_

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**JUN 26 2012**

Well Owner, Operator or Agent

NET 30 DAYS

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TREATMENT REPORT

Acid Stage No. ....

Date: 5-23-12 District: Bryan F. O. No.
Company: Ocky Develop
Well Name & No.: Fm 3
Location: Field
County: State
Casing: Size 4 1/2 Type & Wt. Set at ft.
Formation: Perf. to
Liner: Size Type & Wt. Top at ft. Bottom at ft.
Tubing: Size & Wt. Swung at ft.
Perforated from ft. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Bidown Bbl./Gal.
Flush Bbl./Gal.
Treated from ft. to ft. No. ft.
Actual Volume of Oil/Water to Load Hole: Bbl./Gal.
Pump Trucks No. Used: Std. 323 Bu. Twin
Auxiliary Equipment Both Tank & Bulk tanker
Packer: Set at ft.
Auxiliary Tools
Mudding or Sealing Materials: Type

Company Representative

Treater: [Signature]

Table with columns: TIME a.m./p.m., PRESSURES Tubing/Casing, Total Fluid Pumped, REMARKS. Includes handwritten entries for 12:20, 12:30, 1:45, 2:00.

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FIELD ORDER N° C 37940

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

DATE June 5 20 12

IS AUTHORIZED BY: Docking Development LLC (NAME OF CUSTOMER)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 To Treat Well As Follows: Lease Evans Well No. 3, 4, 1, 5 Customer Order No. \_\_\_\_\_  
 Sec. Twp. Range 17 32 S 2 E County Sumner State Kc

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. 5% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.  
 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 \_\_\_\_\_ By \_\_\_\_\_ Agent \_\_\_\_\_

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Evans # 3 Pump chg for plug job		650 <sup>00</sup>
	69 sack	60-40-4% Poz @ 9.69/sack		668 <sup>00</sup>
	1	Evans # 4 Pump chg for plug job		650 <sup>00</sup>
	45 sack	60-40-4% Poz @ 9.69/sack		436 <sup>00</sup>
	1	Evans # 1 Pump chg		650 <sup>00</sup>
	44 sack	60-40-4% Poz @ 9.69/sack		426 <sup>36</sup>
	1	Evans # 5 Pump chg		650 <sup>00</sup>
	75 sack	60-40-4% Poz		726 <sup>75</sup>
	2	Bags Calcium Chloride @ 40 <sup>00</sup> /Bag		80 <sup>00</sup>
	81 mile	Pump trucks @ 4 <sup>00</sup> /mile		324 <sup>00</sup>
	233 sack	Bulk Charge 1.25/sack		291 <sup>25</sup>
	830 1/2	Bulk Truck Miles		913 <sup>45</sup>
		Process License Fee on _____ Gallons		
<b>TOTAL BILLING</b>				

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 [Signature]  
 Station Bureau  
 Remarks \_\_\_\_\_

RECEIVED  
 JUN 26 2012  
 Well Owner, Operator or Agent

NET 30 DAYS

KCC WICHITA



### TREATMENT REPORT

Acid Stage No. ....

Date: 6/15/12 District: Rice F. O. No. ....  
 Company: Debi Development  
 Well Name & No.: Evans #3  
 Location: \_\_\_\_\_ Field: \_\_\_\_\_  
 County: Sumner State: K

Casing: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_

Lines: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Top at \_\_\_\_\_ ft. Bottom at \_\_\_\_\_ ft.  
 Cemented: Yes/No. Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Tubing: Size & Wt. \_\_\_\_\_ Swung at \_\_\_\_\_ ft.  
 Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Insert Hole Rise: \_\_\_\_\_ T. I. \_\_\_\_\_ ft. P. U. to \_\_\_\_\_ ft.

Type Treatment: Amt. \_\_\_\_\_ Type Fluid \_\_\_\_\_ Sand Size \_\_\_\_\_ Pounds of Sand \_\_\_\_\_

Backdown: \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

Flush: \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

Treated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_

Actual Volume of Oil/Water to Load Hole: \_\_\_\_\_ Bbl./Gal.

Pump Trucks: No. Used: 323 No. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment: 135T310 TT 135  
 Packer: \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Auxiliary Tools: 250' 1" pipe trailer & Pick up 105  
 Plugging or Sealing Materials: Type: 23 sacks 60-40-200

Company Representative \_\_\_\_\_ Treater: [Signature]

TIME a.m. / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:45				Evans #3 Run 185' 1" pipe down 8 5/8 & 4 1/2 Annular. Fill up w/ 60-40-200 used 69 sacks
10:25			15 Bbl.	Wash up in cellar pull 1" out test down
				Evans #4 Run 40' 1" down surface 4 1/2 dry & 100' down
			2	Fill up 4 1/2 cases & 2 Bbls Tixer in pump 6 Bbls to fill up annular used 45 sacks wash up in pit test down pull 1"
11:40				Evans #1 4 1/2 Full run 1" 195' in & try string mixing slurry
			8 1/2 Bbl	Surface filled up cement used 44 sacks
12:00				Wash up in cellar pull 1" test down
				Evans #5 4 1/2 string pull run 235' 1" to top cement
				pull up 5' mix up 2 bags CC in 8 Bbl water.
				Start mixing annular down hole
			15 1/2 Bbl	Surface filled up cement wash up in cellar 15 sacks used pull 1" out wash up
2:40				Tixer & tools load 1" up left locality
				Called State

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