

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 - 191-21280 · 00 · 00
Spot Description: _____
SE SW SW SE Sec. 17 Twp. 32 S. R. 2 East West
330 Feet from North / South Line of Section
330-2305 Feet from East West Line of Section
GPS-KCC
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sumner
Lease Name: Evans Well #: 4
Date Well Completed: 8/3/1981
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"	234	0
		Production	4 1/2"	3708	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 3320'. Dump bailed 2 sax common cement on top of plug. Perforate from 300-301.
5/23 - Run pipe to 300' and circulated 155 sax 60-40 poz 4% gel to surface. 6/5 - Ran pipe to 40' and circulated 45 sax 60-40 poz 4% gel to surface. Job complete.
Total cement - 202 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

RECEIVED
JUN 26 2012
KCC WICHITA



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, 4, 5 Customer Order No. _____
 Sec. Twp. Range 17 32 S 2 E County Sumner State Ks

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
		Evans 3		
	1	Pump chg for plug job		650 ⁰⁰
	69 sack	60-40-4% Poz @ 9 ⁶⁹ /sack		668 ⁰⁰
		Evans # 4		
	1	Pump chg for plug job		650 ⁰⁰
	45 sack	60-40-4% Poz @ 9 ⁶⁹ /sack		436 ⁰⁰
		Evans # 1		
	1	Pump chg		650 ⁰⁰
	44 sack	60-40-4% Poz @ 9 ⁶⁹ /sack		426 ⁰⁰
		Evans # 5		
	1	Pump chg		650 ⁰⁰
	75 sack	60-40-4% Poz		726 ⁷⁵
	2	Bags Calcium Chloride @ 40 ⁰⁰ /Bag		80 ⁰⁰
	81 mile	Pump truck @ 4 ⁰⁰ /mile		324 ⁰⁰
	233 sack	Bulk Charge 12 ⁵⁷ /sack		291 ³⁵
	830 1/2	Bulk Truck Miles		913 ⁴⁵
		Process License Fee on _____ Gallons		
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 [Signature]
 Station Burrton

RECEIVED
 JUN 26 2012

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

KGC WICHITA



TREATMENT REPORT

Acid Stage No.

Date: 6/15/12 District: BUREAU F. O. No.
 Company: Dakota Development
 Well Name & No.: Evans Lease
 Location: _____ Field: _____
 County: Sumner State: K

Casing: Size _____ Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Lining: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Spung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 True Hole Size _____ T. D. _____ ft. P. D. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____

Bkdown _____ 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 Sp. _____ Twin _____
 Auxiliary Equipment: Box 135T310 TT 135
 Packer: _____ Set at _____ ft.
 Auxiliary Tools: 250' 1" pipe trailer & pack up 105
 Plugging or Sealing Materials: Type 23 sand 60-40-400

Company Representative _____

Treater: [Signature]

TIME a.m. / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
				Evans #3
9:45			15 BBH	Run 185' 1" pipe down 8 5/8 & 4 1/2 Annular. Fill up w/ 60-40-400 used 69 sacks
10:25				Wash up in collar pull 1" out test down
				Evans #4
			2	Run 40' 1" down surface 4 1/2 dry & 100' down Fill up 4 1/2 casing 2 BBH Traction 1" pump 6 BBH to fill up annular used 45 sacks wash up in pit
11:40				test down pull 1"
				Evans #1
			82 BBH	4 1/2 Full run 1" 195' in & try steam mix slurry Surface filled up cement used 44 sacks
12:50				Wash up in collar pull 1" test down
				Evans #5
				4 1/2 Standby full run 235' 1" to top cement pull up 50 mix up 2 Bags CC in 8 BBH water. Steam mix run down hole
			152 BBH	Surface filled full cement wash up in collar 75 sacks used pull 1" out wash up
2:40				Trucks & tools load 1" up left locality
				Called State

RECEIVED

JUN 26 2012

KCC WICHITA