Kansas Corporation Commission	Spot: <u>NW-SE-SE</u> 990	Sec <u>4</u>	·	ng 8 E/VW
District Plugging Report	990		Feet from 🕢 E	/ W Line of Section
	GPS: Lat:	Long:		
	Lease Name: Kratzer			#: <u>4</u>
	County: Rice		Total Vertical Dept	h: 1415 feet
Operator License No: 30931	String	Size	Depth Pulled	Comments
Op Name: Daystar Petroleum Inc.	SURF - Surface Casing	8.625		
Address 1: 522 N. Main St.	PROD - Casing	4.500	. 1.415	
Address 2: PO Box 560			<del></del> -	
City: Eureka				
State: <u>Ks</u> <u>Zip Code: 67045</u>				
Well Type: GAS - Natural Gas - Production	UIC Docket No.:		Date/Time to Plug: <u>3/</u>	10/17/ <u>11:00 am</u> _
Plug Co License No.: 31529	Plug Co. Name: Mike's T	esting & Salv	age Inc.	
Proposal Revd from: Mike Kelso	Company Name: Mike's T	esting & Salv	age Inc. P	hone: <u>(620) 562-8088</u>
Plugging Report:				
Plugging Proposal Received By: Jeff Klock		Witness T	ype: <u>COMP - Compl</u>	ctc 100%
Date/Time Plugging Completed: 3/10/17 /1:30	pm KCC Agent: Virgil Clothi	ег		<u></u>
Actual Plugging Report:		Perfs:	Top Bottom	Thru
MIRU, run tubing to TD & fill with ceme out and top off. Used 140 sx's.	an nom octom to top. I un tao			
Remarks Previous cement job tickets verific 400 sx's in 2009. Copeland # C-4 Plugged Thru: TBG - Tubing	14667 DID NOT 1	KRITUELU ZERVENU	5" casing was pro	150
District: 02	Virgil Clothier			
Distriet: <u>02</u>	virkii Cionnei	Fo	(Technician) m: District Plugging I	Report —



# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1334501

Form CP-1 March 2010 This Form must be Typed Form must be Signed All blanks must be Filled

WELL PLUGGING APPLICATION
Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

OPERATOR: License #: 30931		API No. 15	15-159-04417-00-01	<del></del>			
Name: Daystar Petroleum, Inc.		If pre 1987, sup	pply original completion date,				
Address 1: 522 N. MAIN ST		Spot Description	Spot Description:				
Address 2: PO BOX 560		<u>NW</u> <u>SE</u>	SE Sec. 4 Twp. 18 S. R. 8	. ☐ East 🗹 West			
City: EUREKA State: KS	~- 67045 . 0560	990	Feet from 🔲 North / 🗹 So:	ith Line of Section			
14-4 Oaka-	Zip: <u>0.010</u> + <u>0000</u>	990	Feet from 🗹 East / 🗌 We	st Line of Section			
-	<u></u>	Footages Calcu	ulated from Nearest Outside Section Co	orner:			
Phone: (620 ) 583-5527			NE NW SE SW				
		County: Ric					
		Lease Name: .	KRATZER Well #: 4				
Check One: Oil Well Gas Well OG	D&A Cett	hodic Water Supp	oly Well Other:				
SWD Permit #:			Gas Storage Permit #:				
Conductor Casing Size:		Ceme	ented with:	Sacks			
Surface Casing Size: 8.62	Set at: 205	Ceme	ented with: 200	Sacks			
Production Casing Size: 4.5	Set at: 1415	Ceme	ented with: _400	Sacks			
Attached  X VEZ  Elevation: 1759 (VGL/ KB) T.D. 1415	TO 1" THE	BOUGE DEPTH:	TOP TO BIM. IF BUT SHOULD BE (Stone Correl Formation)	W/400 5			
Condition of Well: Good Poor Junk in Hote	Casing Leak at:		Jointe Cond. To Anadoly	4			
Proposed Method of Plugging (attach a separate page if additi	ional space is needed):	(Interval)	' /				
In accordance with the rules and reg	ulations of the KC	C TOP	SAUT 875				
		Bas	G SALTII25				
Is Well Log attached to this application?	Is ACO-1 filed? 🕢 Y		1120				
If ACO-1 not filed, explain why:							
, ,							
Plugging of this Well will be done in accordance with K.S			of the State Corporation Commission	п			
Company Representative authorized to supervise plugging of	operations: Steve Bull	Curoko	Vannag 6704E	<del></del>			
Address: PO Box 560	с	ity: <u>Eureka</u>	State: Kansas Zip: 67045	- <del>-</del> +			
Phone: (620 ) 583-5527	<del></del>						
Plugging Confractor License # 51029		Mikala Taa					
Plugging Contractor License # 31529	N	lame: Mike's Tes	ting & Salvage, Inc.				
Address 1: PO BOX 467		lame: Mike's Tes ddress 2: ————					
Address 1: PO BOX 467  City: CHASE			ting & Salvage, Inc.  State: KS Zip: 67524	+ 0467			
Address 1: PO BOX 467				+_0467			

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically



# OIL & GAS CONSERVATION DIVISION CERTIFICATION OF COMPLIANCE WITH THE

Form KSONA-1 January 2014 Form Must Be Typed Form must be Signed All blanks must be Filled

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

OPERATOR: License #	Well Location:
OPERATOR: License # 30931  Name: Daystar Petroleum, Inc.	<u>NW_SE_SE</u> _Sec.4Twp. 18 S. R. 8 East  West
Address 1: 522 N. MAIN ST	County: Rice
Address 2: PO BOX 560	Lease Name: KRATZER Well #: 4
City: EUREKA State: KS Zip: 67045 + 0560  Contact Person: Matt Osborn	If Illing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Matt Osborn	the lease below:
Phone: (620 ) 583-5527 Fax: ()	
Email Address:	
Surface Owner Information:	
Name: Dick Wires Address 1: Hwy 14	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: Hwy 14	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: Geneseo State: Kansas Zip: 67444 +	
the KCC with a plat showing the predicted locations of lease roads, tal	odic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
Select one of the following:	
▼ I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.
<ul> <li>✓ I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,</li> <li>☐ I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of</li> </ul>	located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

Submitted Electronically

Form	CP1 - Well Plugging Application	
Operator	Daystar Petroleum, Inc.	
Well Name	KRATZER 4	
Doc ID	1334501	

Perforations And Bridge Plug Sets

वर्गी वर्गीक्रकोस्ट	Perlorellon Base	Formation	Bridge Flug Depth
0	1	Chase	0

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fox: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Pat Apple, Chairman Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner

February 13, 2017

Matt Osborn Daystar Petroleum, Inc. 522 N. MAIN ST PO BOX 560 EUREKA, KS 67045-0560

Re: Plugging Application API 15-159-04417-00-01 KRATZER 4 SE/4 Sec.04-18S-08W Rice County, Kansas

Dear Matt Osborn:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 2 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 2's phone number is (316) 337-7400. Failure to notify DISTRICT 2, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after August 13, 2017. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The August 13, 2017 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely, Production Department Supervisor

cc: DISTRICT 2

P.O. Box 467 Chase, KS 67524

### SCANNED TO FILE

### Invoice

Date	Invoice #
12/31/2009	12063

Bill To	
Daystai Petroleum, Inc.	·
P.O. Box 1285	
Great Bend, Kansas 67530	

		P.O. No.	Lease - K	ratzer	County
Qty	Description	 on	Rate		Amount
28 5 4	Hours Rig Time Casing Cutter Sacks Cement Sand Hours Welder  11-23-09 Rigged up on location, checked/holes/ billegtoblotom, santed-off-bottom to Dug cellar and pit, welded on new 5-1 up jacks, pulled slips, easing parted. 9 Laid down 3 jts of 5-1/2", pulled out tubing off Wires lease, screwed bae, 5- a-1500', pulled up to 11,000%, easing p Ran overshot and fished easing, cut cas down. 10 Hours.  11-25-09 Loaded 4-1/2" casing from Daystar sto welded on 8-5/8" collar, ran in 4-1/2" casing. Rigged up Copeland Cementer pullwicental collars and happin-displaced  11-30-09 Cut 4-1/2" casing off; tore down and m Sales Tax	oridge arts 1000-kaueked 2000 with 5 sicksteen 2000 with 5 sicksteen 2000 collar, set in floor, ri Hours.  of collar. Picked up 3 jts nto casing, cut casing pulled off collar 2 jts, the sing loose to 1415 and 1 ck and hauled to locatio float shoe and 1409 of 4 s, purpost 4000 537 604 cement to 1409. 7 Hou	gged  s. of  own.  nid  n.  -1/2*	170.00 200.00 11.75 20 00 65.00	4.760.001 200.001 58.751 20.001 260 001
1		· <del></del>	Total		\$5,632.57



FIELD ORDER № C 55649

### BOX 438 • HAYSVILLE, KANSAS 67060

		316-	24-1225	DATE N-ES-	<b>0</b> 9	20
IC AUTHORIS	ZED BV	Charles dar				
		MAM)	OF CUSTOMER)			
Address		City_			_ State	
io ireat well As Follows: I	Lease	City  City  Well	No	Customer (	Order No	
Sec. Twp. Range		Coun	ny Rice		State	: 
noi to be held li mplied, and no realmont is pay our invoicing de	able for any dar representations able. There will partment in acc	consideration hereof it is agreed that Copeland A nage that may accrue in connection with said se have been relied on, as to what may be the resi be no discount allowed subsequent to such date ordance with latest published price schedules. himself to be duly authorized to sign this order	rvice or treatment. Co ults or effect of the ser s. 6% Interest will be c	o or treat at owners risk, opeland Acid Sorvice has yicing or treating said we harged after 60 days. To	the hereinboford made no repros II. The considers	montioned wall and le entation, expressed o stion of said service o
THIS ORDER MU BEFORE WORK	ST BE SIGNED IS COMMENCED	Well Owner or Operato	<del></del> -	Ву	Agent	<del></del>
CODE	QUANTITY		CRIPTION	<del></del>	UNIT	AMOUNT
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	<u> </u>	Later down him &				145.00
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er jagan	315	Bulk Charge			184	393.77
0301		Bulk Truck Miles 海 はっとエッリ	on = 5927m x	1.10/	10/	651.25
		Process License Fee on		allons		
	<u></u>			TOTAL BILLING		6,096.
manner u Copeland	nder the dire Representativ	material has been accepted and used ction, supervision and control of the or	wner, operator or	his agent, whose sig	nature appea	and workmanlike ars below.
Station	ha età		<u>-</u> -	Well Owner, Operati	or or Agent	
Remarks_		NET	30 DAYS			<del></del>



#### TREATMENT REPORT

### SCHUNED TO FILE

Acid Stage No. .....

Company Well Name & Location County	Type & W	Type & Wi	Perf. Perf. Top at	10 Bottom at	Type Treatment: Amt. Type Field Sand Size Pounds of Sand Size Skidown
Per	foraled from,	D. GOVE BE . MILEDAY REPRESENTED			Auxiliary Tools
then Hole Bis	f	7.0	ft. P.1	). to	Likis,
Сопрану 1	lepresentativ	ie Stew	: Bodi	<u></u>	Treater Wichen W.
TIME a.m / (m)		SURES Casing	Total Fluid Pumped		REMARKO
17:00	,-	٧%`		رام لم	ore tie- Ris up.
:					
<del>- : -  </del>			-		O. bl. le. solt moder- @ 4 bpm. 700 H
-:				Dunp &	J. M. 15. 50.14 1-1040-102 4 Bpm. 100
:				Hoof 4	a Heral a Manifold.
		<del> </del>			
- :		-		Mix 31:	5 sts. Comman w/ 1895 salt
: 1		<del> </del>			1 862. 1 12 MAN 10 10 10 ECIT.
:				Displace :	~1 726bls. @ 0/2 bpm @ 400th
-;		<del> </del>		0.1.	<u> </u>
$\div$	_	$\vdash$		Released.	Floot hold.
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3:30				Shirt in.	
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### Daystar Petroleum, Inc.

126 E Main, P.O. Box 360, Valley Center, KS 67147-0360 • (316)755-3492 • FAX (316)755-3543

March 10, 2010

COPY SCANNED TO FILE

Kansas Corporation Commission Oil & Gas Conservation Division 130 S. market – Room 2078 Wichita, Kansas 67202

RE:

Form ACO-1

Kratzer #4

Rice County, Kansas API No. 15-159-04,417

Dear Sir or Madam:

Enclosed please find an original and two copies of the completed ACO-1 along with the cement ticket on behalf of the Kratzer #4 well. We ask that the information be held confidential for the allowable period of 12 months.

Thank you.

Sincerely,

Steve Bodine

**Production Superintendent** 

SB/tb

Encls, 2

# **COPY**

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 October 2008 Form Must Be Typed

# WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 30931	API No. 15 - 159-0447/
Name: Daystar Petroleum, Inc.	Spot Description: NW - SE - SE
Address 1: PO Box 360	SE_Sec, 4 Twp, 18 S. R. 8 [East ] West
Address 2	990 Feet from North / South Line of Section
City: Valley Center State: KS Zip: 67147 + 0360	990 Feet from Z East / West Line of Section
Contact Person: Charles Schmidt	Foolages Calculated from Nearest Outside Section Corner:
Phone: (316 ) 755-3492	□NE □NW Øse □sw
CONTRACTOR: License #	County: Rice
Name:	Lease Name: Kratzer Weli #: 4
Wellsile Geologist:	Field Name: Geneseo-Edwards
Purchaser: Coffeyville Resources	Producing Formation: Chase Gas
Designate Type of Completion:	Elevation: Ground: 1762 Kelly Bushing:
New Well Ro-Entry Workover	Total Depth: 1415 Plug Back Total Depth: 1409
Oil SWD SIOW	Amount of Surface Pipe Set and Cemented at: 205 Feet
Gas SIGW	Multiple Stage Cementing Coller Used? Yes Mo
CM (Coel Bed Melhens) Temp. Abd.	If yes, show depth set: Feet
Dry Other	If Alternate II completion, cement circulated from:
(Core, WSW, Expt., Cathodic, etc.)	feet depth to: sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator: Walken Energy, LLC	Drilling Fluid Management Plan (Date must be collected from the Reserve Pit)
Well Name: Kratzer	· ·
Original Comp. Date: 7/31/53 Original Total Depth: 3282	Chloride content: ppm Fluid volume: bbls
Deepening Re-perl Conv. to Enhr Conv. to SWD	Dewalering method used:
Plug Back: 1409 Plug Back Total Depth	Location of fluid disposal if haufed offsite:
Commingled	Operator Name:
_ Other (SWO or Entr.?) Docket No.:	Lease Name: License No.:
	Quarler Sec TwpS. R [_] East[_] West
Spud Date or Date Reached TD Completion Date or	County: Dockel No.:
Recompletion Date Recompletion Date	
INSTRUCTIONS: An original and two copies of this form shall be filed with Kansas 67202, within 120 days of the spud date, recompletion, workover or coof side two of this form will be held confidential for a period of 12 months if requiaitly in excess of 12 months). One copy of all wireline logs and geologist we BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 for	unversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information uested in writing and submitted with the form (see rule 82-3-107 for confiden- il report shall be attached with this form. ALL CEMENTING TICKETS MUST in with all temporarily abandoned wells.
All requirements of the statutes, rules and regulations promulgated to regulate the complete and correct to the best of my knowledge.	ne oil and gas industry have been fully compiled with and the statements herein
Signature: Struc Bocking	KCC Office Use ONLY
Title: Superintendent Date: 03/08/10	Letter of Confidentiality Received
Subscribed and sworn to before me this 2 day of	(f Denied, Yos 🖺 Date:
20 1	Wireline Log Received
Muni Shadin	Goologist Report Received
Notary Public:	UIC Distribution
Date Commission Expires: FORMIL BODINS  Ly Aut Ex 3/5/4/2	

#### Side Two

Operator Name: Daystar Petroleum, Inc.		Lease Name:	Kratzer		Well #:		
		East West	County: Ric				
time tool open and clo	sed, flowing and shi es if gas to surface to	nd base of formations per ut-in pressures, whether est, along with final chart report.	shut-in pressure re	ached static leve	l, hydrostatic pres	sures, bottom	hale temperature, fluid
Drill Stem Tests Taken (Attach Additional S		∐ Yes ☑ No		Log Formati	on (Top), Depth a	nd Datum	[   Sample
Samples Sent to Geole	•	Yes No	Na	me		Тор	Dalum
Cores Taken Electric Log Run (Submit Copy)		☐ Yes ☑ No ☐ Yes ☑ No					
List All E. Logs Run:	* * * * * * * * * * * * * * * * * * *	CASING	RECORD	New <b>1</b> Used			
		Report all strings set-			lion, elc.		
Purpose of String	Size Hole Drilled	Size Casing Set (in O.D.)	Weight Lbs. / Ft.	Selling Depth	Type of Cement	/ Sacks Used	Type and Percent Additives
Surface	12 1/4"	B 5/8"	28#	205			
Production	8 5/8"	4 1/2"	10,5	1415	common	400 sx	18% Salt
	<u> </u>	ADDITIONAL	GENEVING LOC		<u> </u>	<u> </u>	<u> </u>
Purpose:	Depth	Type of Cement	Sacks Used	IUEEZE KECOKU		Percent Additives	
Perforate Protect Casing Plug Back TO Plug Off Zone	Top Ballom	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Shots Par Foot	PERFORATION Specify I	ON RECORD - Bridge Plug Footage of Each Interval Por	s Set/Type forated	Acid, Fra	clure, Shot, Cemen mount and Kind of Ma	t Squeeze Recor eterial Used)	d Depth
				-		,	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:			
Date of First, Rosumed P.	roduction, SWD or Ent	r, Producing Meth	nod:	<u>.l.</u>			er (Explain)
Estimated Production Per 24 Hours	Oil	3bls. Gas	Mcf Wa		bls. (	Gas-Oil Ratio	Gravity
DISPOSITION	Used on Lease		METHOD OF COMPL	_	nmingled	PRODUCTION	ON INTERVAL:



#### TREATMENT REPORT

#### SCANNED TO FILE

Company	Type & Wi	Parf. Perf. Porf. For at the fit to the fit	Set at	Bbdown Bbl. /Cal. Bbl. /Cal. Bbl. /Cal. Bbl. /Cal. Bbl. /Cal. Bbl. /Cal. Treated from from from from from from from from	d Hote:	II. No II.  Bel at	
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#### TREATMENT REPORT

### SC. \_ NED TO FILE

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Permation:	e to it to attachmengergames apala ignose for die		Irom
	to the same of the		Actual Volume of (III / Water to Load Hole) Actual Volume of III / Water to Load Hole;
			7.50
	ing. Type & White management ented: Yes/No. Perforated fr		727
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	oraled from		· · ·
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Dan Hole Star		tt P, l	H. longer property and the first of the control of
Company R	epresentative	e Bodi	ne moder diction hi
TIME .	TABLE CASINE	Total Fluid Pumped	BRANZE
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