

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1090407

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

| OPERATOR: License #: | | | API No. | API No. 15 | | | | | |
|------------------------------|-------------------------------|-------------------------------|-----------------------|--|-----------------------------------|--|--|--|--|
| | | | | 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: | | | Footage | Footages Calculated from Nearest Outside Section Corner: | | | | | |
| Phone: () | | | | ☐ NE ☐ NW ☐ SE ☐ SW | | | | | |
| Type of Well: (Check one) | Oil Well Gas Well | OG D&A Cathodi | ic County: | | | | | | |
| Water Supply Well | Other: | SWD Permit #: | | Lease Name: Well #: | | | | | |
| ENHR Permit #: | Gas Sto | orage Permit #: | | | vvcii # | | | | |
| Is ACO-1 filed? Yes | No If not, is we | Il log attached? Yes | 1 | The plugging proposal was approved on: (Date) | | | | | |
| Producing Formation(s): List | All (If needed attach anothe | r sheet) | | by: (KCC District Agent's Name) | | | | | |
| Depth | to Top: Botto | om: T.D | | Plugging Commenced: | | | | | |
| Depth | to Top: Botto | om: T.D | | | | | | | |
| Depth | to Top: Botto | om:T.D | | g Completed | | | | | |
| | | | | | | | | | |
| Show depth and thickness of | f all water, oil and gas form | ations. | | | | | | | |
| Oil, Gas or Wate | er Records | | Casing Record (Su | rface, Conductor & Prod | uction) | | | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | | | |
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| cement or other plugs were | used, state the character o | f same depth placed from (bot | tom), to (top) for ea | cn plug set. | | | | | |
| Plugging Contractor License | | Name: | | | | | | | |
| Address 1: | | | Address 2: | | | | | | |
| City: | | | State: | | Zip:+ | | | | |
| Phone: () | | | | | | | | | |
| Name of Party Responsible | for Plugging Fees: | | | | | | | | |
| State of | | , SS. | | | | | | | |
| | | | | mployee of Operator or | Operator on above-described well, | | | | |
| · | (Print Name) | <u> </u> | | . , | | | | | |

Submitted Electronically

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



TREATMENT REPORT

Acid Stage No. PU

| | | | | | Type Treatment: Amt. | Type Fluid | Sand Size | Pounds of Sand | |
|---|--|--|-----------------------|--|--|--|--|--|--|
| Date & 2- 12 District Busines F. O. No. | | | | | BkdownBbl. /Ga | ıl | | ••••• | |
| Company RESTER Wall Service | | | | | | | | | |
| Well Name & No. Howard | | | | Bbl./Gal. | | | | | |
| Location | | | | | Bbl. /O | | | | |
| County Harvey | | | State La | | FlushBbl. /Ca | | | | |
| 1 | 1832 | | | | Treated from | | | | |
| Casing: Size Type & Wt | | Set atft. | | from | | | | | |
| | | | | to | from | ft. to | ft. No. ft | | |
| Formation: | | | | Actual Volume of Oil/Water to | Load Hole: | 5 | (h) | | |
| Formation: | | | | | | | | | |
| Liner: Size Type & Wt | | | | Pump Trucks. No. Used: Std | 31.3 8p | Tw i | n | | |
| Cem | Cemented: Yes/No. Perforated fr | | omft. toft. | | Auxiliary Equipment Cul | | | | |
| | Tubing: Size & Wt. 23/8 | | | | Packer: | | | | |
| Per | forated from | | ft, to ft. | | Auxiliary Tools | 020001 | 000 (2) | 1002 | |
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| Onen Hole Siz | | T, 1), | | 3. to | | A | Gala. | lb. | |
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| TIME a.m /p.m. | Tubing | Casing | Total Fluid Pumped | | REMA | RKS | | | |
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