

Employee of Operator or Operator on above-described well,

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

1099586

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ Feet from East / West Line of Section Contact Person: ____ Footages Calculated from Nearest Outside Section Corner: Phone: (_____) _____ NE NW SE SW Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic County: ____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #:_____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: ______ Bottom: _____ T.D. _____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Formation Content Casing Setting Depth Pulled Out 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. _____ Name: ___ Plugging Contractor License #: ___ Name of Party Responsible for Plugging Fees: ____ _____ County, ______ , ss.

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.

(Print Name)

BASIC *** 10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124

FIELD SERVICE TICKET 1718 06999 A

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FIELD SERVICE ORDER NO.

CLOUD LITHO - Abilene. TX



TREATMENT REPORT

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Customer	rilling	a. In	C.	Lease No.	1				Date		1-4	_ /	1		
Lease Sto	arla			Well # 1	- 0	14							L 2		
Field Order #	Station	Pratt.	trans	595		Casing!	Drill Depth	9	County	Vabau		St.	ate ansas		
Type Job C./	1. W f	PlugT	TOAL	ando)		Formation			Legal	Description	5-9E			
PIPE	DATA	PERF	FORATIN	G DATAY					TREATMENT RESUME						
Casing Size Tubing Size					Sacts 6			0/40 BATE PRESS 49/SIP							
Depth	Depth	From	То		Rine R			516							
Volume	Volume	From	То		(20)	1010	20,100,10	Min		11/9	10 Min.				
Max Press	Max Press	From	То					Avg			15 Min.				
Well Connection	Annulus Vo	ol. From	То					HHP Used			Annulus Pressure				
Plug Depth	Packer De		То		Flush	Drilli	ng Mudan	Gas Volum	ewate	ater		Total Load			
Customer Repre	esentative	Dute		Station	Manag		id Sco		Treater		nce R.	Mes	ssick		
Service Units	13,216	19.903	19.905	70,99	59 19	1.918									
Driver Names Me S		Ma	ttal		hlv	e									
_ Dh	Casing Pressure	Tubing Pressure	Bbls. Pu	ımped	R	ate			S	ervice Log					
5:30					Tructison		location	ocation and hold safety meeting.							
												21.3	460 Feet		
5:40	:40 400					5	Start Fresh Water Pre-Flush.								
			20			5									
			26.5			5	start	Fresh Water Displacement							
		36.	5		5	Start Drilling Mud Displacement.									
6:00	-6	75.	5			Stop po	1								
							2 nd Ply 1,580 Feet 25 Sacts Cement								
7:05 2		200				5_		Freshwater pre-Flush.							
			20			_5	Start	Start Mixing 25 sacks Cement							
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7:15		0-	36.	5			3rd/ Plug. 350 Feet. Circulate cems						() 6 0		
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9:00							Wash Job C			<i>i</i> 4(.					
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