



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

KANSAS CORPORATION COMMISSION 1128537
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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 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 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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

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.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ 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.

Submitted Electronically

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

LOG-TECH OF KANSAS, INC.

86 SW 10 AVE.
GREAT BEND, KANSAS 67530
(620) 792-2167

INVOICE
7397

Date 3-14-13

CHARGE TO: Irka-Carmi Development
ADDRESS _____
R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
LEASE AND WELL NO. Wellhead Townsite FIELD _____
NEAREST TOWN _____ COUNTY King STATE KS
SPOT LOCATION NW-NW-SE-SW SEC. 12 TWP. 28S RANGE 16W
ZERO 10' 161 CASING SIZE _____ WEIGHT _____
CUSTOMER'S T.D. _____ LOG TECH _____ FLUID LEVEL _____
ENGINEER Lee Boyd OPERATOR Heath Buchler

Description	No. Shots	Depth		Amount
		From	To	
PERFORATING				

Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
Set 4 1/2" Alpha CTRP at 4630	0	4630	4630	.22	1018.60
Dump 2 sacks cement on plug					180.00
Run GR/STB to 1300	0	1300	MIN	.16	N/C

MISCELLANEOUS		
Description	Quantity	Amount
Service Charge		
4 1/2" CTRP Alpha	1	550.00
	1	700.00

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

Sub Total	2448.60
Code Ref.	
Tool Insurance	
Tax	
Customer Signature	
Date	3/14/13

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer: PRATT WELL SERVICE	Lease No. Well # 2	Date: 3-15-2013
Lease: WILSFORD TRANSMITE OWNED	Casing 1 1/2"	County: KIOWA
Field Order # 01025	Station PRATT, KS.	State: KS.
Type Job CCSTW - PLUG JOB	Formation 1100'	Legal Description P-2B-16

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME			
Casing Size 2 1/2"	Tubing Size 3 1/8"	Shots/Ft		Acid		RATE	PRESS	ISIP	
Depth 110'	Depth 110'	From	To	Pre Pad		Max		5 Min.	
Volume	Volume	From	To	Pad		Min		10 Min.	
Max Press 500	Max Press 500	From	To	Frac		Avg		15 Min.	
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load	

Customer Representative: GERALD INSLEE Station Manager: D. SCOTT Treater: K. LESLEY

Service Units	Driver Names	Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
37596	LESLEY	8:00AM	19959	1843	7766	73768	ON LOCATION - SAFETY MEETING
	MARQUEZ	8:30AM					HOOK UP TO 2 3/8" TBG. (LOADABLE)
		9:37AM			21	4	MIX 100 SKS. 60/46 PZ @ 14.8 PPG
		9:44AM					CIRC. CATT. TO SURFACE
		9:46AM					UNHOOK FROM TBG.
							PULL TBG.
							HOOK TO BRADEN HEAD
					32	2	PUMP 150 SKS. 60/46 PZ @ 14.8 PPG
							PUMP DOWN 150 SKS BACKSIDE
		11:45AM			10	.5	TOP OFF 4 1/2" CSG. 50 SKS.
							JOB COMPLETE
							THANKS -
							KEVEN LESLEY