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

1153436

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

Form CP-4

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

OPERATOR: License #:	API No. 15
Name:	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:	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 Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No 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.	County: Well #: 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	J Fees:			
State of	County,	, SS.		
	(Print Name)		f Operator or Operator on a	
haing first duly sugar an asthe says. The	at I have knowledge of the feate	statements and matters harain contained	and the lag of the chave describe	d wall is as filed and

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



TREATMENT REPORT

Acid Stage No.

Company	D D I No. Cotto C RTON Type & We ented: Yes/No. Wt. Iorated from	RICCINSC ABA	Field State State Perf. Perf. Top at Swung at ft. to	5. No. 410.92 Set at. ft. to	Bbi. /Gai. Bbi. /Gai. Flush Treated from from from <u>Actual Volume of Oll/Water to Le</u> Pump Trucks. No. Used: Std. J Auxiliary Equipment J.C. Packer: Auxiliary Tools Plugging or Sealing Materials: Ty	ft. to ft. to ft. to	ft. No. ft
Company R		Kelso		1	Treater Branchon	- 0 <u>-</u>	
TIME a.m /p.m.	PRESS Tubing	Casing	Total Fluid Pumped		REMAR	K 8	
200				ON Los	ATION		
:				0	HA at Calla	114	a Dometh I us
				pump 1	40 sts 60/40	7/0911	4200 hg/15
				71 1500			
:				Dump 60	sks GC/40 H.	891/+1	100#hulls
:				9+ 950			
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