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

1153445

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. 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 #: SWD Permit #: SWD 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.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:
Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.	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.

7-16-13 District F. O. No. 41/090 Type Treatment: Amt. Type Fluid Date D.P.114.125 Bbl. /Gal. Bbl. /Gal. Company C.D. M. BERG 1-12 Bbl. /Gal. Bbl. /Gal. Well Name & No. M.G. M.BERG 1-12 Bbl. /Gal. Bbl. /Gal. Location Field Bbl. /Gal. County BARBER State Flush Casing: Size Type & Wt. Set at. from. Casing: Size Type & Wt. Set at. from. Formation: Perf. to. Actual Volume of Oll/Water to Load Hole: Formation: Perf. to. Actual Volume of Oll /Water to Load Hole: Liner: Size Type & Wt. ft. Bottom at. ft. Liner: Size Type & Wt. ft. Bottom at. ft. Cemented: Yes/No. Perforated from. ft. to. Jt. Jt.	ft. No. ft ft. No. ft ft. No. ft Bbi./Gai. Twin
Tubing: Size & Wt. Swung at. ft. Packer: 8 Perforated from ft. to Auxiliary Tools 8	
Plugging or Sealing Materials: Type	
Ohen Hole Size T.D	Galalb.
Company Representative Kelso Treater Breach n	
TIME PRESSURES Total Fluid a.m/p.m. Tubing Casing Pumped	
9:30 ON LOCATION	
	118
======================================	That
: pump 75 sks 60/40 4% at 36	01
: CINCLIANE CEMENT to Surfice.	e trom
: 40° w/ 30 ses 60/40 4%	
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: Thenks : Isradon	
: Srendon	
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