



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

KANSAS CORPORATION COMMISSION 1153458
OIL & GAS CONSERVATION DIVISION

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 #: _____
 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

TREATMENT REPORT

Acid Stage No.

Date 7-17-13 District

Company LD DRILLING F. O. No. 41091

Well Name & No. Long #1

Location..... Field.....

County STAFFORD State KS

Casing: Size..... Type & Wt..... Set at..... ft.

Formation:..... Perf. to.....

Formation:..... Perf. to.....

Formation:..... Perf. to.....

Liner: Size..... Type & Wt..... Top at..... ft. Bottom at..... ft.

Cemented: Yes/No. Perforated from..... ft. to..... ft.

Tubing: Size & Wt..... Swung at..... ft.

Perforated from..... ft. to..... ft.

Open Hole Size..... T.D. ft. P.D. to..... ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand

Backdown..... Bbl. /Gal.

..... Bbl. /Gal.

..... Bbl. /Gal.

..... Bbl. /Gal.

Flush..... Bbl. /Gal.

Treated from..... ft. to..... ft. No. ft.

..... ft. to..... ft. No. ft.

..... ft. to..... ft. No. ft.

Actual Volume of Oil/Water to Load Hole:..... Bbl. /Gal.

Pump Trucks. No. Used: Std. 318 Sp. Twin.....

Auxiliary Equipment 327

Packer:..... Set at..... ft.

Auxiliary Tools.....

Plugging or Sealing Materials: Type..... (Gals)

Company Representative Kelso Treater Breiden

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:30				ON LOCATION
				Pump 109xl 250 sks 60/40 4% at 790'
				Pump 50 sks 60/40 4% at 360'
				Circulate cement to surface from 40' w/ 20 sks 60/40 4%

Thank you
Breiden