

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1153468

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	API No. 15			
				Spot Description:			
Address 1:				Sec Twp S. R East West Feet from North / South Line of Section			
City:	Dity: State: Zip: +				Feet from East / West Line of Section		
Contact Person:			Foot	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				NE NW SE SW			
Type of Well: (Check one)	Oil Well Gas We	II OG D&A Ca	thodic	County:			
Water Supply Well	Other:	SWD Permit #:		se Name:			
ENHR Permit #:	Ga	as Storage Permit #:		Date Well Completed:			
Is ACO-1 filed? Yes	No If not, i	s well log attached? Yes		plugging proposal was ap			
Producing Formation(s): Lis	t All (If needed attach ar	nother sheet)		by: (KCC District Agent's Name)			
Depth	n to Top:	Bottom: T.D					
Depth	n to Top:	Bottom: T.D		Plugging Commenced:			
Depth	n to Top:	Bottom:T.D		Plugging Completed:			
Show depth and thickness	of all water, oil and gas	formations.					
Oil, Gas or Wa	ter Records		Casing Record	(Surface, Conductor & Prod	duction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		plugged, indicating where the ter of same depth placed from					
Plugging Contractor Licens	Name:						
Address 1:			Address 2:				
City:			State	9:	Zip:	+	
Name of Party Responsible	for Plugging Fees:						
State of	Cou	ınty,	, ss				
		•		Employee of Operator o	or Operator as	above-described well,	
	(Print Na			_ Linployee of Operator o	operator on	above-described well,	

Submitted Electronically

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



TREATMENT REPORT

ACIU &	Cemer	IL LANGE				Acid Stage No			
Dute 7-12	-/3 DI	atrict	T . (0. No. 41089	Type Treatment: Amt. Type Fluid BkdownBbl./Gal.	Sand Size Pounds of Sand			
CompanyL	DPRA	LING			Bbi. /Gai				
Well Name & No. ROSE # 2 Location Pield County STAFFORD State 5					Bbl. /Gal				
					Bbi./Gal.	······ •••••••••••••••••••••••••••••••			
					FlushBbl./Gal				
					Treated fromft. toft.	ft. No. ft			
Cusing: Sixe		Type & Wt		Set atft.					
Formation:			Perf	to					
				to					
				to					
				t. Bottom atft.	Pump Trucks. No. Used: 8td. 7/8 8p				
				.ft. toft.	Auxiliary Equipment 327				
Tubing: Size &	Wt		Swung at	ft.	Packer:				
Perfe	orated from		fl. to	tt.	Auxiliary Tools				
then Hole Size		т.р	т. Р.	B. toft.	Plugging or Scaling Materials: Type				
Company R	ePresentative	Kelso			Treater Brendon				
TIME a.m /p.m.	PRESS Tubing		Total Fluid Pumped		REMARKS				
				on Loc	0.7.60 !				
12.00			-	0 % LBE	47788				
/7: 00 : : : :				promp 10	911 + 50 sks 60/40	4% at 6901			
									
:				pump 7	505ks 60/40 4/15 at	270			
					coment to surface				
:				Circulete	coment to surfece	4/20565			
:				60/404	Srom 40				
-:-									
_ : _									
			_						
-:			-						
			-						
-:- +			1						
-:+					110				
-:-									
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:			1		Then & Brandon				
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