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

1159870

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)	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 Plu	ugging Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operato		
		atotomonto, and matters barain contained, and the l		

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

		*
	SIM	
a d	& Cement	

TREATMENT REPORT

VI

Acid Stage No.

-

1146-2	26-17	D		34-94	Type Treatment: Amt. Type Fluid Sand Size Founds of Saud			
Date 6-26-13 District F. O. No. 38598 Company CAPTIVALEAKIN 4-7				. O. No. 200 18	BkdownBbl. /Gal.			
Well Name & No.					Bbl. /Gal.			
Location			104 - 1-3					
Location Field. County BAWNEE State KS				0	Bbl. /Gal.			
			State / C		FlushBbl. /Gal.			
Casing: Size		Plane & MIA			Treated fromft. No. ft.			
Casing: Size					fromft. toft. No. ft.			
Formation		•••••••••••••••••••••••••••••••••••••••	Perf	to	from			
Formation				to				
Liner: Size		······		to	Actual Volume of Oll/Water to Load Hole:			
				ft. Bottom atft.	Pump Trucks. No. Used: Std. 31.8			
					Auxiliary Equipment			
	rorated from.			<u></u>	Auxiliary Tools			
(hun Vola Si				1	lugging or Sealing Materials: Type			
then Hole an	ze			.B. toft.				
Company	Representati	ve DS+W)					
TIME		SURES	Y	1	Treater Srenden			
a.m /p.m.	Tubing	Casing	Total Fluid Pumped		REMARKS			
1 :00				Q1. 1				
:				ON LOCAT	ION			
:		1						
:		1		primp 15	563 911 + 50 5 ks 60/40 4%			
:		1		at 1050				
:								
:				pump 50	Stes 60/40 49 at 400'			
0								
:				primp 20	(15) 60/40 4% 57 40' + Circulated			
:				10 Jurfice				
:								
:								
:				an a				
			and the second second					
:				and a support of the second				
:				an a				
:				and an and a second				
:								
					Theate			
			I		Thenks Srenclon			
		-			- DIEAULON			
:)			
- <u>-</u>								
<u> </u>								
<u> </u>								
			T	-				