

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

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						
			Spot Des	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	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()				NE NW SE SW						
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County:							
Water Supply Well	Other:	SWD Permit #:			Well #:					
ENHR Permit #:	Gas Sto	orage Permit #:								
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes		Date Well Completed:						
Producing Formation(s): List	All (If needed attach anothe	r sheet)		by: (KCC District Agent's Name						
Depth to	o Top: Botto	om: T.D			,					
Depth to	o Top: Botto	om: T.D	""							
Depth to	o Top: Botto	om:T.D		g Completed:						
Show depth and thickness of	all water, oil and gas form	ations.								
Oil, Gas or Wate	r Records		Casing Record (Su	rface, Conductor & Produ	uction)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out					
ement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for ea	ch plug set.						
33 3										
Address 1:			Address 2:							
City:			State:		Zip:++					
Phone: ()										
Name of Party Responsible for	or Plugging Fees:									
State of	County, .		, SS.							
			F	mployee of Operator or	Operator on above-described well,					
	(Delet Messe)			, -,						

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



- \\-\3 DISTRICT

DATE OF JOB 10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

> NEW WELL

1718 09021 A

CUSTOMER ORDER NO.:

TICKET NO.

☐ WDW

67124 -1201

DATE

OLD PROD INJ

CUSTOMER L.D. Drilling					LEASE AN	DRE	W WEN	Mester		WELL NO.	1
ADDRESS	COUNTY Wabaunse e STATE KES										
CITY	SERVICE CREW OF CONTRACTOR PLATER										
AUTHORIZED BY	JOB TYPE: CCS A PTA - Can Usal										
EQUIPMENT#							TRUCK CALL	ED 11)-1	DATE	E AM TIM	IE .
21983	3						ARRIVED AT	JOB		AM 9'	10
33708-3092	3						START OPER	RATION	7	AM 9	50
14831-19861	3-3-					-	FINISH OPER	RATION		AM PM	0.0
							RELEASED			AM 17	30
1	111						MILES FROM	I STATION TO V	VÉLL	175	
products, and/or supplies	thorized to includes all	ITRACT CONDITIONS: (This c execute this contract as an ag I of and only those terms and cu at the written consent of an office	ent of the onditions a	customer. As	s such, the unders the front and back	signed agr of this do	ees and acknowle cument. No additi	edges that this con	erms a	and/or conditions	shall
ITEM/PRICE REF. NO.	N	MATERIAL, EQUIPMENT A	ND SER	VICES US	ED	UNIT	QUANTITY	UNIT PRICE		\$ AMOUN	Т
C 9803 1	0/4	10 Poz (e.	Res)		SK	150	4		1800	00
CC 300 C	ove	Isotra				16	250			64	50
EIDO P. Chishing Coll 3							175			743	25
1013	Jen	HEBY Pur	8 lh	1/20	51	W.	350			1301	OC
(= 1)	100	K 13012-0	1	1-20	- (()	1 2 2	1197			1006	00
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SUB TOTAL CHEMICAL / ACID DATA: SERVICE & EQUIPMENT %TAX ON \$								TAL	6561	74	
SERVICE & EC						MENT					
				MA	TEHIALS		%1AX	(ON\$	ΤΔΙ		
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THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE

REPRESENTATIVE



TREATMENT REPORT

Customer	7.6	11:10	Le Le	ease No.			D	ate		~			
Lease A	Station	Wen	Nexan	/ell.#	## / Casing	Depth	n Co	ounty	0-11-1	S	tate		
Type lob				0	1 Formation			(V)	Legal Description	111111111111111111111111111111111111111	12-13		
- ype oob	() h) .			PI	H-CN	W silling			a symmetry and a symm	7-	1213		
PIPE DATA PERFORATING D				FLUID	USED		JME 						
Casing Size	Tubing Siz	e Shots/F	150		Acid 62	140 POZ	RA	TE PRE					
Depth	Depth	From	То		Pre Pad	76601	Max		5 Mir	5 Min.			
Volume	Volume	From	То		Pad		Min		10 M	10 Min15 Min. Annulus Pressure			
Max Press	Max Press	From	То		Frac		Avg		15 M				
Well Connectio	n Annulus V	ol. From	То				HHP Used		Annı				
Plug Depth	Packer De		То		Flush		Gas Volume		Total	Total Load			
Customer Rep	resentative	Juho	,	Station	Manager	e jer		Treater	Sleva				
Service Units	27283	33707	120930	198	36/19860	5							
Driver Names	66,060	600	VQ S	f	.01(2								
Time	Casing Pressure	Tubing Pressure	Bbls. Pum	ped	Rate		*	Servi	ce Log				
7'.000	**	1 1000010				001	Ocal -	7	34/-	Moc	4 .5		
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10244	NE Hiw	ay 61 • I	P.O. Box	8613	Pratt KS	67124-86	13 • (620)	672-120	01 • Fax (62	0) 67	2-5383		