

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

1168319

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	o. 15						
				Spot Description:						
Address 1:				Sec Twp S. R East Wes						
Address 2:										
City:	State:	Zip: +		Feet from East / West Line of Section						
Contact Person:			Footag	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()				NE NW	SE SW					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic County	<i>r</i>						
Water Supply Well	Other:	SWD Permit #:	1	Lease Name: Well #: Date Well Completed:						
ENHR Permit #:	Gas Sto	orage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1	The plugging proposal was approved on: (Da						
Producing Formation(s): List	All (If needed attach another	r sheet)	by:		(KCC District Agent's Name)					
Depth to	o Top: Botto	om: T.D								
Depth to	o Top: Botto	om: T.D		Plugging Commenced: Plugging Completed:						
Depth to	o Top: Botto	om:T.D	Tidggii	ig Completed						
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Wate	r Records		Casing Record (S	Surface, Conductor & Produc	ction)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out					
zement of other plugs were u	Sed, State the Character Of	same depth placed from (bot	копт, ко (кор) юг е	acii piug set.						
				me:						
Address 1:			Address 2:							
•					Zip:+					
Phone: ()										
Name of Party Responsible for	or Plugging Fees:									
State of	County, _		, SS.							
	(Drint Mana)			Employee of Operator or	Operator on above-described well,					
	(Duint Nove)									

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



FIELD SERVICE TICKET 1718 03090 A

			SERVICES IG & WIRELINE		ne 620-6				DATE	TICKET NO					
DATE OF JOB	28-11	DIS	STRICT PRA	777	Ke		NEW WELL	OLD	PROD IN	J WDW	□ S	USTOMER RDER NO.:	311		
CUSTOMER 7. 9. HOLL CO.							LEASE	Walker		· · · · · · · · · · · · ·	- 26	WELL NO.	1		
ADDRESS							COUNTY NESS STATE KS								
CITY STATE							SERVICE CREW Saffing Melson Mitchell								
AUTHORIZED B	Υ					.,.,.,.,.,	JOB TYPE		1 1	T. A					
EQUIPMENT		RS	EQUIPMEN	IT#	HRS	EQ	JIPMENT#	HRS	TRUCK CAL	LED W-28	DAT	E AM TIN			
32706-20620		5 0	1 A 1 SEL						ARRIVED A		1	AM PM	50		
19959-2001	0 5				A1 .				START OPE	RATION		AM /4/	5		
19867	2								FINISH OPE	RATION	1:	AM 193	7		
									RELEASED	11-28	3-10	AM7	5		
- 127									MILES FROM	M STATION T			in the second		
The undersigned products, and/or su become a part of the ITEM/PRICE	pplies includ	es all of a	and only those ter e written consent	ms and c of an offi	conditions ap	ppearing or Energy So	the front and be ervices LP.	ack of this do	GIGNED: (WELL OWN	ER, OPERATOR	R, CONTI	and/or condition	s shal		
REF. NO.	2.	MAT	TERIAL, EQUIP	MENT	AND SERV	/ICES US	ED	UNIT	QUANTITY	UNIT PR	ICE	\$ AMOUN	120		
CP 105	AA-Z	Con	nghir				4	2K	300 -			5,100	00		
CC 102	00/19	Ke 1			*	Y		16	15	ation .		777	50		
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CHE	EMICAL / AC	ID DATA						1		306	OTAL		1		
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- L						MA	TERIALS	5 7-5	%TA	X ON \$					
		7.						7	tank y	Ly TIC	TOTAL	8, 235.	93		
												.)	1		

THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

REPRESENTATIVE

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

	1 0 0	N V. Y.			ease No.						Date						
7. 9. WOLL																	
WALKER							1-28					11.28-10					
Field Order #	Statio	PRA -	Casing,						Depth	90'	County	ess			tate_		
Type Job		T. A						Forn	nation			Lega	I Description	6 -I	ح ا		
PIPE DATA PERFORATING DATA FL								ID USED TREATMENT RESUME									
Casing Size	Tubing S	ize Shot	s/Ft	Acid			·	RATE PRESS			PRESS	ISIP					
Depth	Depth	From	1	То		Pre Pad				Max			5 Min.				
Volume	Volume	From	From T		То		Pad			Min			10 Min.				
Max Press	Max Pres	ss From			То		Frac		ŋ	Avg			15 Min.				
Well Connection	n Annulus	Vol. From	1	То						HHP Used			Annulus Pressure				
Plug Depth	Packer D	Packer Depth From		То			Flush			Gas Volume			Total Load				
Customer Rep	resentative				Station	Man	ager	OK	1 DE	VE Sco-ff Treater John Allin							
Service Units	19867	33705	209	7.3	19959	7	21010										
Driver Names	e lhour	mel					hell										
Time	Casing Pressure	Tubing		s. Pum		1 25 1	Rate					Service Log					
1345								ON	Loc	501	Gi m	estre					
							8		78		1	-1	6 10 11				
1415								Refer	Pla	904	690'	reducer.					
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