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

1175012

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:	
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 #: SWD Permit #: SWD 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) Storm: T.D. Storm: T.D. Depth to Top: Bottom: T.D. Storm: T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (<i>Date</i>) by: (<i>KCC District Agent's Name</i>) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom: T.D	

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 Plugg	ing Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operator	or Operator on a	bove-described well,
boing first duly sworp on oath save: T	That I have knowledge of the facts	statements and matters herein contained and the log	a of the above-describe	d well is as filed and

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



TREATMENT REPORT

Acid	& Cemen	t 🕰						Acid Stage No) <u></u>	· · · · · · · · · · · · · · · · · · ·	
					Type Treatment	Amt	Type Fluid	Sand Size	Pour	ds of Sand	
Date 1	.2/30/2013 c	District	FON	No 40585	Bkdown					13 01 38110	
	LASSO ENERG					Bbl /Gal					
	e&No ETLING				1 —	Bbl /Gal					
Location			Field			Bbl /Gal					
County GRAY State KS			Bbi /Gai								
					Treated from	*	ft. to	ft	No ft	0	
Casing	Size 7	Type & Wt		Set at ft	from		ft to		No ft	0	
Formation) 		Perf	to	from		ft. to		No ft	0	
Formation	i		Perf	to	Actual Volume of Orl / Water to Load Hole Bbl /Gal						
Formation	l.		Perf	to	<u> </u>					-	
Liner S	ze Type &	Wt	Top at ft		Pump Trucks	No Used Std	318 Sp		Twin		
					Auxiliary Equipmen			.7-308			
					Personnel BRAN	DON GREG AND	JORDAN				
	Perforated fi	rom	ft to	ft	Auxiliary Tools						
					Plugging or Sealing	g Materials Type					
Open Hole	Size	TD	ft P	B toft				Gals		lb	
Coloristicano de la coloristica de la c										<u> </u>	
Company	Representative				Treater		BRAND	ON -			
TIME	PRES	SURES			· · · · · · · · · · · · · · · · · · ·						
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARK	5				
10:30				ON LOCATION							
		[PUMP 25 SKS GE	LAND 75 S	KS 60/40 4%	6 AT 1560'				
				PUMP 60 SKS 60	/40 AT 760	1					
				CIRCULATE CEM	ENT TO SUR	RFACE FROM	140' W/ 30 S	KS			
					<u></u>	· · · ·					
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		1				·····					
				THANKS				<u></u>			
			1	BRANDON							
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