

**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

## 1175994

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							
Name:				Spot Description:							
Address 1:			_		Sec Tw	/p S. R East West					
Address 2:				Feet from North / South Line of Section							
City:				Feet from East / West Line of Section							
Contact Person:			Fo	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 C	ountv	r:						
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:  Date Well Completed:							
ENHR Permit #:	Gas Sto	rage Permit #:									
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1	The plugging proposal was approved on: (Date)							
Producing Formation(s): List A	All (If needed attach another	sheet)	by	r:		(KCC <b>District</b> Agent's Name)					
Depth to	Top: Botto	m: T.D	<sub>PI</sub>	uaair	na Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Completed:							
Depth to	Top: Botto	m:T.D		33	0 1						
				—							
Show depth and thickness of		ations.									
Oil, Gas or Water	Records			ord (S	Surface, Conductor & Produc	tion)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
Describe in detail the manner cement or other plugs were us	. 00					ds used in introducing it into the hole. If					
Plugging Contractor License #:			Name:	ame:							
Address 1:			Address 2: _								
City:			St	ate: _		Zip:+					
Phone: ( )											
Name of Party Responsible fo	r Plugging Fees:										
State of County,			,	SS.							
			[	[	Employee of Operator or	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

Acia	& Cemen								Acid	Stage No	)	
		District	F.O.	No. 40583	Type Treatment: Bkdown	8bl.	/Gal			and Size		ds of Sand
	SCHECK OIL					Bbl.	/Gal.					
Well Nam	e & No. REISER	A #1										
Location	-		Field			Bbl.	/Gal.					
County	BARTON		State KS		Flush	Bbl.	/Gal.					
				The state of the s	Treated from						No. ft.	0
Casing:	Size	Type & Wt.		Set at ft.							No. ft.	
Formation				to	from						No. ft.	0
					-		A STREET, SQUARE, SQUA				140.14.	
Formation			Perf.	to	Actual Volume of C	Oil / Water to Lo	ad Hole:			-		Bbl./Gal.
Formation			Perf		1							
					Pump Trucks.		3:	18 Sp.			Twin	
	Cemented:	Perforated fr	om		Auxiliary Equipmen	_			327			
Tubing:	Size & Wt		Swung at	ft.	Personnel BRAN	DON GREG A	AND JOE	RDAN				_
	Perforated f	rom	ft. to	ft.	Auxiliary Tools							<del></del>
					Plugging or Sealing	Materials:	Type					
Open Hole	Size	T.D.	ft. P	.B. to ft.	120000000					Gals.		lb.
TO HELD				With the Party of								
Company	Representative		KELSC	)	Treater			BRANI	DON			
TIME	PRES	SURES	Total Fluid Pumped			REM	ARKS					
a.m./p.m.	Tubing	Casing									-	
10:30				ON LOCATION								
				PUMP 12 SKS GE	L AND 50 SI	KS 60/40	4% A	Г 3280'				
				DLIMAD OO CKC CO	/40 AT 1400	01						
				PUMP 90 SKS 60	740 AT 1400	,						
				CIRCULATE CEMI		FACE FRO	OM 49	0' OUT !	5 1/2	AND:	SURFA	CE
				WITH 150 SKS 60	)/40							
				TOP OFF W/ 5 Sk	<u></u>							
				101 011 11/ 0 01								
_												
				THANKS								
				BRANDON								
									-			
		110000										
-												