

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

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

60 days from plugging date.		WELL PLU	JGGING F .A.R. 82-3-117	Form must be Signed All blanks must be Filled		
OPERATOR: License #: Name: Address 1: Address 2: City: Contact Person: Phone: () Type of Well: (Check one) Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s): Lis	State: State: Gas Well Gas State: Gas	Zip:+ OG D&A 0 SWD Permit #: torage Permit #: ell log attached? Ye er sheet)	Cathodic Ses No	Feet fro Feet fro Feet fro NE NW County: Lease Name: Date Well Completed: The plugging proposal was ap by:	Twp S. R East West om North / South Line of Section om East / West Line of Section earest Outside Section Corner: SE SW Well #: pproved on: (Date) (KCC District Agent's Name)	
Depth Depth Show depth and thickness of	n to Top: Bott n to Top: Bott	tom: T.D tom: T.D				
Oil, Gas or Wa	ter Records		Casing R	Record (Surface, Conductor & Pro	oduction)	
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 Plugging Fees	s:							
State of	County,		_ , SS.					
(Pn	int Name)		Employee of Operator or	Operator on above-	described well,			

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.



TREATMENT REPORT

Acid a	& Cement							Acid Stage No.		
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ls of Sand
Date 12/31/2013 District F.O. No. 40586			Bkdown		Typeriala					
	LD DRILLING				1 —					
	& No. HILT #1				1					
			Field]					
County COMANCHE State KS				Flush						
					Treated from				No. ft.	0
Casing: Size 5 1/2 Type & Wt Set atft.					1			No. ft.		
Formation				to	from		ft. to		No. ft.	0
Formation			Perf.		Actual Volume of O	oil / Water to Load Hol				Bbl./Gal.
Liner: Si	ze Type &	Wt.	Top at ft.	toft.	Pump Trucks.	No. Used: Std.	318 Sp.		Twin	
				ft. toft.		t				
						DON GREG AND J				
	Perforated fr		ft. to		Auxiliary Tools					
				THE RESIDENCE OF	Plugging or Sealing	Materials: Type				
Open Hole	Size	T.D.	ft. P.	B. to ft.				Gals.		lb.
Company	Representative		KELSO		Treater		BRAND	ON		
TIME		SURES								
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS				
11:00				ON LOCATION						
				PUMP 15 SKS GE	EL AND 50 SI	KS 60/40 4%	AT 1090'			
				1 01111 13 010 01						
				PUMP 50 SKS 60	1/40 AT 730'					
				1 01411 30 313 00	7,4071.730					
				PUMP 40 SKS 60	\/\0 AT 300'					
				FOIVIF 40 3K3 00	740 AT 300					
				PUMP 20 SKS 60	\/40 AT 40'					
				PUIVIP ZU SKS OU	740 AT 40					
		- 10								
				THANKS						
				BRANDON						
									-	
					40-					