

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

1191636

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:																				
											Phone: ()				NE NW SE SW					
											Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic						
											Water Supply Well	Other:	SWD Permit #:		-	Jame: Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:																
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	No																	
Producing Formation(s): List /	All (If needed attach another	sheet)		by:		(KCC District Agent's Name)														
Depth to	o Top: Botto	m: T.D		Plugging Commenced:																
Depth to	•	m: T.D		Plugging Completed:																
Depth to	o Top: Botto	m:T.D		- 33 3																
Show depth and thickness of	all water, oil and gas forma	ations.																		
Oil, Gas or Wate	r Records		Casing Record (Surface, Conductor & Production)																	
Formation	Content	Casing	Size		Setting Depth	Pulled Out														
Describe in detail the manner cement or other plugs were u				•		ds used in introducing it into the hole. If														
Plugging Contractor License #:				Vame:																
Address 1:			Address 2	2:																
				State:		Zip:+														
Phone: ()																				
Name of Party Responsible for	or Plugging Fees:																			
State of County,				_ , SS.																
				_ Em	ployee 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

Acid Stage No.

	2/18/2014 SCHECK OIL		F.O.	No. 40314	Type Treatment:	Bbl./Gal.	Type Fluid			ds of Sand		
Well Nan	ne & No. MARY	MEYERS #4										
Location Field												
County BARTON State KS				Flush	Bbl./Gal.		/					
					Treated from		ft. to		No. ft.	0		
Casing: Size Type & Wt. Set at ft.					ft. to		No. ft.	0				
Formation: Perf. to				from		ft. to	ft.	No. ft.	0			
Formation: Perf. to Perf. to				Actual Volume of Oil / Water to Load Hole: Bbl./Gal.								
								300				
			ft. to		Personnel BRANDON, SCOTT, AND JORDAN Auxiliary Tools							
					Plugging or Sealing I	Materials: Type						
Open Hole	e Size	T.D.	ft. P		i Magning of Scaling (viaceriais. Type		Gals.		lb.		
	Market Street, or other live							Cais.		10.		
Company	Representative	SSURES	KELSO		Treater		BRANDO	V				
a.m./p.m.		Casing	Total Fluid Pumped			REMARKS						
11:00			 	ON LOCATION 2-	18-1/	NAME OF TAXABLE PARTY.						
		 		OIT EOCATION 2	10 14							
		<u> </u>		PUMP 225 SKS 6	0/40 49/ \\//	200# 41111	AT AEO!					
				F O IVIF 223 3K3 0	0/40 476 VV/	ZUU# HULLS	AT 450					
				CHIT DOWN TH	MODAUNIC							
				SHUT DOWN TIL MORNING								
0.00												
8:00				ON LOCATION 2-	19-14							
				710077								
				TAGGED CEMENT AT 155'								
				MIX 25 SKS 60/40 4% AND CIRCULATED CEMENT								
				THANKS								
				BRANDON								

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