

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

1193170

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 N	No. 15					
Name:				Spot Description:					
Address 1:				Sec T	wp S. R East West				
Address 2:				Feet from	North / South Line of Section				
City:				Feet from East / West Line of Section					
Contact Person:			Foota	ages Calculated from Near	est Outside Section Corner:				
Phone: ()				NE NW	SE SW				
Type of Well: (Check one)			ic Cour	nty:					
Water Supply Well		Leas	Lease Name: Well #:						
	_	orage Permit #:	Date	Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes			roved on: (Date)				
Producing Formation(s): List A			, ,		(KCC District Agent's Name)				
Depth to		m: T.D	I Plugo	ging Commenced:					
Depth to		m: T.D	Plugg	Plugging Completed:					
Depth to	o Top: Botto	m:T.D							
Ob d	all contain all and man famous								
Show depth and thickness of		ations.	0 : 0 :	(0.6					
Oil, Gas or Water				g Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
cement or other plugs were us	. 00				ods used in introducing it into the hole. If				
Plugging Contractor License #:			Name:	ne:					
Address 1:			Address 2:						
City:			State	:	Zip:+				
Phone: ()									
Name of Party Responsible fo	or Plugging Fees:								
State of	County, _		, SS.						
(Print Nama)				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

Acid Stage No.

. 2,	/28/2014 c)istric t	F.O. 1	√o. 40425	Type Treatment: Bkdown		Type Fluid		Pound	s of Sand	
2/28/2014 District F.O. No. 40425						./Gal.		. ,,			
Name	& No. SCHLES	SINGER #3			<u> </u>	ßbl	./Gal				
tion						Bbl	./Gal.				
	ty BARTON State KS				Flush	Bbl	./Gal.				
					Treated from		ft. to		No. ft.	0	
ng:	Size 4 1/2	Type & Wt.		Set atft.					No. ft		
nation:		- Children of the Control of the Con		to	from		ft. to				
nation:					Actual Volume of Oi	il / Water to Lo				8bí./Gal.	
nation:	**************************************				<u> </u>	·				-	
					Pump Trucks. N	io. Used: Str	. 318 sn		Twin		
			rom		t. Pump Trucks. No. Used: Std. 318 Sp. Twin t. Auxiliary Equipment 317-308						
			Swung at		Personnel BRANDON SCOTT AND JORDAN						
_			ft, to		Auxiliary Tools					-	
					Plugging or Sealing N	Materials:	Tuna				
n Hole !	Size	T.D.	ft. P			waterials.	type	Gals.		lb.	
		(100)				····		0015.		10.	
	epresentative	************	ED		Treater		BRAN	IDON			
ME		PRESSURES Total Fluid Pumped			REMARKS						
./p.m.	Tubing	Casing		ON LOCATION		 		· · · · · · · · · · · · · · · · · · ·			
<u> </u>	······································			ON LOCATION					~~~~		
			ļ	PUMP 75 SKS 60/40 4% AT 3400'							
											
_		<u> </u>	ļ	PUMP 75 SKS 60/40 4% AT 2235'							
	····			CIRCULATE CEMENT TO SURFACE FROM 1150' W/ 150 SKS							
				PULL TUBING AND PUT SWEDGE ON 4 1/2 AND CIRCULATED CEMENT						IT	
	<u>,</u>			OUT SURFACE W	/ 125 SKS						
				THANKS							
				BRANDON							

						*****			·····		
					WT-118-02-1						
	·····				······································	······		······································			
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INVOICE

LOG-TECH OF KANSAS, INC.

P.O. BOX 885 **GREAT BEND, KANSAS 67530**

(620) 792-2167

7837

2.4.1				Date_	2 2	1-17			
CHARGE TO: KIN Pelatron									
ADDRESS									
R/A SOURCE NO.	CUSTOMER ORDER NO								
LEASE AND WELL NO.	FIELD STATE _K \$								
NEAREST TOWN	COUN	ITY	Barton	7	STATE KS				
SPOT LOCATION CASING	SEC		_ TWP.		RANG	E			
ZERO CASING	SIZE 45	1	WEIGHT						
CUSTOMER'S I.D.	LOG TECH			FLUID I EVEL					
ENGINEER Lea Bretz	OPERATOR _			15 m 1	(1)				
	PERFORATING	3							
Description			No. Shots	From Dep	th To	Amou	nt		
Da. 1156 3125 332 500	reve the le	5	7		200				
the second of			2		770				
NOTE: MARKET STATE OF THE PARTY		energy en							
			10000						
						1200	60		
DEPTH AND	ODEDATION	0.0045	OFO						
	OPERATION	S CHAP	Denth	Total	Price				
Description	The second second	Fron	Depth To	Total No. Ft	Per Ft.	Amou	nt		
The state of the s	Andrew State of the State of th		in a superior			4.7			
				General Control					
Market and the second s	MISCELLANEOU	IS							
Description	HOOLLD WEST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Quantity	Amo	unt		
Service Charge					Juantity	550	00		
The state of the s					1	550	00		
DDICES SUBJECT TO CORRECTION BY BUILDING DEPART.	AENT								
PRICES SUBJECT TO CORRECTION BY BILLING DEPARTM	WEN I					175/	00		
RECEIVED THE ABOVE SERVICES ACCORDING TO THE TE					Sub Total				
AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO W WE HEREBY AGREE.	/HICH Code	Ref		Too	I Insurance				
WE HENEOT AGREE.					Тах				
Customer Stonature						1150	20		
Customer Signature D	ate					1150			