

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

1194462

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 Twp S. R East West Feet from North / South Line of Section						
Address 2:											
City:	State:	Zip:+ +	_	Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW							
Contact Person:			Fo								
Phone: ()											
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 #:							
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed: (Date) The plugging proposal was approved on: (Date)							
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1								
Producing Formation(s): List A	All (If needed attach another	sheet)	by	r:		(KCC District Agent's Name)					
Depth to	Top: Botto	m: T.D	_{PI}	uaair	na Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Completed:							
Depth to	Top: Botto	m:T.D		- 55	0 1						
				—							
Show depth and thickness of		ations.									
Oil, Gas or Water	Records		_	Casing Record (Surface, Conductor & Production)							
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 #:				ime:							
Address 1:			Address 2: _								
City:	St	ate: _		Zip:+							
Phone: ()											
Name of Party Responsible fo	r Plugging Fees:										
State of		,	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.

					Type Treatment:				ize Pot	unds of Sand					
Date 2/14/2014 District F.O. No. 40312					Bkdown										
-	D DRILLING														
Vell Name & No. RINGERING 3-13 ocation Field															
					Bbl./Gal										
.asing: Size 5 1/2 Type & Wt Set at ft					Flush										
					Treated from from										
ormation: Perf to							. No. ft								
					from ft. to ft. No. ft. O Actual Volume of Oil / Water to Load Hole: Bbl./Gal.										
ormation: Perf. to ormation: Perf. to															
					Pump Trucks N	lo Head: Std	318 6	n	Twin						
					t. Pump Trucks. No. Used: Std. 318 Sp. Twin t. Auxiliary Equipment 317-308										
					t. Personnel BRANDON SCOTT AND JORDAN										
	Perforated fr		Swung atft. to		t. Auxiliary Tools										
	i chorateu ii	o.ii	π. το	16.	1										
					Plugging or Sealing I	wateriais: Type			Galc	lb.					
)pen Hole S	oize	1.D.	ft. P.	B. toft.			-		Gals.	10.					
			VEICE	1	Transa-		DD.	ANDON							
TIME	PRESSURES KELSO				Treater		DIV	110011							
i.m./p.m.	Tubing	Casing	Total Fluid Pumped		REMARKS										
10:00		44411.8		ON LOCATION											
0.00				ON LOCATION											
-				MIX 125 SKS AN	D 200# HIII	S AT 1250'									
-				IVIIA 123 3K3 AIN	D 200# 110Et	-3 A1 1230									
\rightarrow			-	NAIV EO CKC 1004	HIUUIC AT O	ro!									
			-	MIX 50 SKS 100#	7 HULLS AT 8	350									
-			-		4004 47 50	0.1									
			-	MIX 40 SKS AND 100# AT 500'											
				CIRCULATE CEM	ENT TO SUR	FACE FROM	1 250' W/	100 SKS							
				THANKS											
				BRANDON											
-			1		W 12 Y										
-															
-		-													
		-	1												
\rightarrow		 	+												
			+												
			-	-											
									0.00						