



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1199992
OIL & GAS CONSERVATION DIVISION

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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
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: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

BASIC

energy services, L.P.

TREATMENT REPORT

Customer CASTELLI EXPL.	Lease No.	Date 4-15-14
Lease Gregg	Well # 1	
Field Order # 9349	Station Pratt	Casing 4 1/2
		Depth 900'
Type Job CCSPW PTA	Formation	County Comanche
		State KS
		Legal Description

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
4 1/2	2 3/8			Pre Pad	Max		5 Min.	
Depth 900'	Depth	From	To	Pad	Min		10 Min.	
Volume	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth 900'	Packer Depth	From	To					

Customer Representative RICK POPP	Station Manager Kevin	Treater Joe
Service Units 77641, 19905, 19826, 19860, 28443		
Driver Names MIKE, JOSH, JOE		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
12:30					ON LOC / SAFETY MEETING RIG UP TO START JOB PLUG SET @ 950 PERFS @ 900
13:55	0			2.5	START CIRC WITH H2O
	0		9	1.25	GOT CIRC. UP BACK SIDE
				1.25	START CEMENT
			9	1.25	9 BBL INTO MIXING GOT CIRC OUT OF BREIDEN HEAD
	200		37.4	1.25	MIX 175 SK 60/40 POZ @ 14.8 SWITH TO COMANCEMENT
			12		MIX 255 SK COMANCEMENT @ 15.3 #
					SHUT BACK SIDE IN TO CIRC. OUT BREIDEN HEAD
14:55					CEMENT CIRC OUT BREIDEN HEAD SHUT DOWN TO PULL TUBING
			123		TOP OF CSG - 10 BL
					JOB COMPLETE Thank you JOE