

**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

## 1202503

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 #:			AF	PI No	. 15				
Name:				Spot Description:					
Address 1:			_		Sec Tw	/p S. R East West			
Address 2:			_		Feet from	North / South Line of Section			
City:	State:	Zip:+ +	_	Feet from East / West Line of Section					
Contact Person:			Fo	otag	es Calculated from Neares	st Outside Section Corner:			
Phone: ( )					NE NW	SE SW			
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 #:  Date Well Completed:					
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1			oved on: (Date)			
Producing Formation(s): List A	All (If needed attach another	sheet)	by	r:		(KCC <b>District</b> Agent's Name)			
Depth to	Top: Botto	m: T.D	<sub>PI</sub>	uaair	na Commenced:				
Depth to	Top: Botto	m: T.D		00	·				
Depth to	Top: Botto	m:T.D		33	0 1				
				—					
Show depth and thickness of		ations.							
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production			tion)			
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 #		Name:	ne:						
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

tcia (	& Ceme	nt 🕮							Acid Stage inc		
						Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	s of Sand
ate 4	/17/2014	District		F.O. No. 40013		Bkdown	Bbl./Gal.				
Company	DAVIS PETI	ROLUEM					Bbl./Gal.				
Well Name	e & No. BIRZI	ER #3					Bbl./Gal.				
ocation			Field				Bbl./Gal.				
County	BARTON		State KS			Flush	Bbl./Gal.				
						Treated from		ft. to	ft.	No. ft.	0
asing:	Size 4	1/2 Type & \	Wt	Set at	ft.	from		ft. to	ft.	No. ft.	0
ormation			Perf.	to		from		ft. to	ft.	No. ft.	0
ormation			Perf.	to		Actual Volume of Oil /	Water to Load Ho	ite:			Bbl./Ga
ormation			Perf.	to				=8MR			
iner: Si	іге Тур	ne & Wt.	Top at	ft. Bottom at	ft.	Pump Trucks, No.	Used: Std.	318 Sp.		_ Twin	
	Cemented:	Perforate	ed from	ft. to	ft.	Auxiliary Equipment			327		
						Personnel BRANDO	N SCOTT AND	JORDAN			_
	Perforate	ed from	ft.	to	ft.	Auxiliary Tools					
						Plugging or Sealing Ma	iterials: Type				
Open Hole	. Cizo	T.D.		ft. P.B. to	ft.				Gals		

- CPCII II OIC	A THE RESIDENCE OF									
Company Representative KELS				Treater	BRANDON					
TIME PRESSURES		Total Fluid Pumped	REMARKS							
a.m./p.m <sub>*</sub>	Tubing	Casing	Total land t dispose							
2:30				ON LOCATION						
				PUMP 100 SKS 60/40 4% W/ 100# HULLS AT 2800'						
				PUMP 100 SKS	50/40 4% W/ 10	U# HULLS AT 2800				
						0" 1" " 10 5 0 I				
				PUMP 100 SKS	50/40 4% W/ 10	0# HULLS AT 1350'				
				CIRCULATE CEN	E FROM 600' W/ 60 SKS					
				SHUT CASING A	ND PUMP 40 SK	S AND CIRCULATED OUT SURFACE				
				TOP OFF W/ 10 SKS						
-										
				THANKS						
				BRANDON						
						The state of the s				