

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

1202507

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	API No. 15					
				Spot Description:					
Address 1:				Sec Twp S. R East Wes					
Address 2:				Feet from North / South Line of Section					
City:	Zip:+		Feet from East / West Line of Sectio						
Contact Person:			Footag	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()				NE NW	SE SW				
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County	<i>.</i>					
Water Supply Well	Other:	SWD Permit #:	1	Lease Name: Well #: Date Well Completed:					
ENHR Permit #:	Gas Sto	orage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1						
Producing Formation(s): List	All (If needed attach another	r sheet)			(KCC District Agent's Name)				
Depth to	o Top: Botto	om: T.D			,				
Depth to	o Top: Botto	om: T.D		-					
Depth to	o Top: Botto	om:T.D	Fluggii	ig Completed					
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				
ement of other plugs were u	seu, state the Character Of	same depth placed from (bot	копт, ко (кор) тот е	acii piug set.					
				Name:					
Address 1:			Address 2:						
•					Zip:+				
Phone: ()									
Name of Party Responsible for	or Plugging Fees:								
State of	County, _		, SS.						
	(Drint Mana)			Employee of Operator or	Operator on above-described well,				
	(Delect Messes)			r, - 5 5. Spoidtoi 01					

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 &	& Cemen	IT 🕮							Acid Stage No.	· —	
					Type Treatment:	Amt.	Ty	pe Fluid	Sand Size	Poun	ds of Sand
Date 4,	/23/2014	District G.B.	F.O. N	lo. C40202	Bkdown	Bbl.	/Gal				
	LD Drilling			***	1	Bbl.	/Gal.				
Well Name	& No.	BW #2									
			Field		l	Bbl.	/Gal.				
County			State KS		Flush		/Gal				
		-			Treated from		ft. to		ft.	No. ft.	0
Casing:	Size 5.5'	" Type & Wt.		Set atft.	from					No. ft.	0
Formation:				to	from		ft. to		ft ₀	No. ft.	0
Formation:				to	Actual Volume of O)il / Water to Lo	ad Hole:				Bbl./Gal.
Formation:				to	1						
	e Tyne	R Wr	Top at ft.	Bottom atft.	Pumo Trucks.	No. Used: Std	. 320	Sp.		Twin	
			rom		Auxiliary Equipmen					_	
			-		Personnel Natha						
			ft. to		Auxiliary Tools						
					Plugging or Sealing		Туре				
Open Hole	Size	T.D.	ft. P.	B. to ft.			· ·		Gals.		lb.
-											
Company R	lepresentative		Kelso		Treater			Nathan	W.		
TIME		SSURES	T								
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REM	ARKS				
9:00		5.5"		On Location.							
3.00		7.5		On Educations							
-				Mix 125sks 60/4	Opoz 4% gol	Lwith 100	O# Hulle	at 155(n'		
		-	-	IVIIX 1235KS 00/4	opoz 470 ge	WILL TO	J# Hulls	at 155	<u> </u>		
\vdash				NAire FOolen with 1	IOO# Liville of	+ OEO'					
				Mix 50sks with 1	LUU# Mulis ai	1 950					
				art moul with a	100# 11-11	. 7001					
\vdash				Mix 50sks with 1	LOU# Hulls at	t 700					
\square											
11:30				Mix 100sks at 34	10' Circulate	ed cemen	it to sur	ace.			
				Thank You!							
				Nathan W.							
\vdash		1									
		+									
		+									
\vdash		-									