

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

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:			API No. 15 -							
Name:			Spot Descri	otion:						
Address 1:				Sec	Twp S. R East West					
Address 2:				Feet fron	North / South Line of Section					
City: State: _				Feet fron	East / West Line of Section					
Contact Person:			Footages C	alculated from Nea	rest Outside Section Corner:					
Phone: ()				NE NW	SE SW					
Type of Well: (Check one) Oil Well Gas Well Water Supply Well Other:	SWD Permit #:		l '		Well #:					
ENHR Permit #: Gas		Permit #:	Date Well Completed:							
Is ACO-1 filed? Yes No If not, is	well log attached? Yes	log attached? Yes No		The plugging proposal was approved on:						
Producing Formation(s): List All (If needed attach and	ther sheet)		by:		(KCC District Agent's Name)					
Depth to Top: Bottom: T.D				Plugging Commenced:						
Depth to Top: Bottom: T.D				Plugging Completed:						
Depth to Top: Be	ottom:T.D		- 1-35-3 - 1-1-pit-05-							
Show depth and thickness of all water, oil and gas for	rmations.									
Oil, Gas or Water Records Casing			ng Record (Surface, Conductor & Production)							
Formation Content	Casing	Size		Setting Depth	Pulled Out					
	1									

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 Fee	s:								
State of	County,		_ , SS.						
				Employee of Operator or	Operator on above	a-described well			

Submitted Electronically

(Print Name)

the same are true and correct, so help me God.

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

ACIG	& Cem	ent 🕰								Acid Stage N	o. <u> </u>	
	4/16/2014 y GRADY BO	District DLDING	F.	O. No. 40011	Type Treatment:	Amt.	Bbl./Gal.		pe fluid	Sand Size	Pour	nds of Sand
	ne & No. LER						Bbl./Gai.					
.ocation			Field				Bbl./Gal.					
County	BARTON		State KS				Bbl./Gal.	***************************************				
							Bbl./Gal.					
Casing:	Size 5	1/2 Tree 8.14	Vt	_	Treated from			ft. to _		ft.	No. ft.	0
ormation				Set atft	from			ft. to _		ft.	No. ft.	0
					from			ft. to		ft.	No. ft.	0
ormation			Perf.		Actual Volume of Oil	/Water t	o Load Ho	le:				Bbl./Gal
ormation			Perf	to								-
iner: S			Top atf		Pump Trucks. No	. Used:	Std.	318	Sp.		Twin	
	Cemented:	Perforated	from	nt. toft.	Auxiliary Equipment					-308		
ubing:	Size & Wt.		Swung at	ft.	Personnel BRANDO	ON SCO	TT AND	JORDAN				
	Perforate	ed from	ft. to	ft.	Auxiliary Tools							-
					Plugging or Sealing Ma	aterials:	Туре					
pen Hole	Size	T.D.	ft.	P.B. toft.			-			Gals.		lb.
ompany f	lepresentative		KELS	0	Treater				RANDO	y.		
TIME	PR	ESSURES	Yeard Phylol B									
m./p.m.	Tubing	Casing	Total Fluid Pumped			Ri	EMARKS					
:30				ON LOCATION								
				PUMP 125 SKS 6	0/40 4% AT 1	470' \	N/ 20	0# LII I	116			
					0/ 40 470 AT 1	1/0 (V/ 200	U# NU	LLS			
				PUMP 60 SKS 60/	/AO W/ 100# I	.11 11 1 6	ATO	- OI	····			
			 	1 01VII 00 3K3 00/	40 VV/ 100# I	TULL	A1 8	<u> </u>				
			†	CIDCUILATE CEASE	NT TO CUDEA	OF 55						
	·· · ······			CIRCULATE CEME	NI IU SUKFA	CE FF	OM 4	00, M	/ 100 :	SKS 60/40) AND)
$\overline{}$				150# HULLS								
		 						,				
-+		 										
				THANKS					···			
				BRANDON							· ·	
										· · · · · · · · · · · · · · · · · · ·		
									·			
										·		
												
												
	· · · · · · · · · · · · · · · · · · ·								· · · · · · · · · · · · · · · · · · ·			
												
												
-												
												