

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

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 Spot Description:						
Name:										
Address 1:					Sec 7	wp S.	R East West			
Address 2:					Feet from North / South Line of Section					
City:	State:	Zip:+		Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:						
Contact Person:										
Phone: ()					□ NE □ NW □ SE □ SW					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:						
Water Supply Well	Other:	SWD Permit #:		-						
ENHR Permit #:	Gas Sto	rage Permit #:		Lease Name: Well #: 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	No							
Producing Formation(s): List A	All (If needed attach another	sheet)					(KCC District Agent's Name)			
Depth to	o Top: Botto	m: T.D		•						
Depth to	o Top: Botto	m: T.D		Plugging Commenced: Plugging Completed:						
Depth to	o Top: Botto	m:T.D		Plugging C	completea:					
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Water	r Records		Casing I	ng Record (Surface, Conductor & Production)						
Formation	Content	Casing Size			Setting Depth	Pulled Out	t			
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for each	n plug set.					
Plugging Contractor License #:			Name: _	nme:						
Address 1:			Address	2:						
City:				State:		Zip:	+			
Phone: ()				-						
Name of Party Responsible for	or Plugging Fees:									
State of	County,			, ss.						
					ployee of Operator or	05	or on above-described well,			
			_ <u></u> Em	pioyee of Operator of	Operato	n 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.

				1	Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	s of Sand		
Tate 4	/29/2014 bi	istrict	F.O. N	o. 40252	Bkdown							
Date 4/29/2014 District F.O. No. 40252 Company LD DRILLING												
-	& No. STUDE #	1					(4)					
Country PAWNEE Field State KS					Bbl./Gal.							
					Flush							
					Treated from		ft. to	ft.	No. ft.	0		
Casing:	Size 5 1/2	Type & Wt.		Set atft.	from		ft. to	ft.	No. ft.			
Formation: Perf. to Perf. to				from ft. to ft. No.ft. 0								
				Actual Volume of Oil / Water to Load Hole: Bbl./Gal.								
			Perf.	to								
Liner: Siz	e Type &	Wt.	Top at ft.	Bottom atft.	Pump Trucks. N	o. Used: Std.	318 Sp.		Twin _			
(emented:	Perforated f	rom	ft. to ft.	ft. Auxiliary Equipment 327 ft. Personnel BRANDON SCOTT AND MIKE ft. Auxiliary Tools							
			Swung at									
			ft, to									
					Plugging or Sealing N	Materials: Type						
Open Hole	Size	T.D.	ft. P.	B. toft.				Gals.		lb.		
Company f	Representative		KELSC)	Treater		BRAND	ON				
TIME	PRES	SURES	Total Fluid Pumped			REMARKS						
a.m./p.m.	Tubing	Casing	Total Flata Family of						-			
10:00				ON LOCATION								
						10 00 (40 40)	AT 4420					
				PUMP 15 SKS GE	L AND 50 SK	(\$ 60/40 4%	AI 1130					
									-			
				PUMP 50 SKS 60	0/40 4% AT 3	900.						
								CIVE				
		1.7.7.11		CIRCULATE CEM	ENT TO SUR	FACE FROM	40° W/ 20	5K2				
				THANKS								
				BRANDON								
			1									
			1									
			1									
			1									