

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	o. 15				
Name:				Spot Description:				
Address 1:				Sec Twp 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:			Footag	Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW  County:				
Phone: ( )								
Type of Well: (Check one)	Oil Well Gas We	I OG D&A Cath	hodic					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:				
ENHR Permit #:		s Storage Permit #:						
Is ACO-1 filed? Yes	No If not, is	s well log attached? Yes		Date Well Completed:				
Producing Formation(s): I								
•	·	Bottom: T.D						
•	•	Bottom: T.D	Pluggi	Plugging Commenced:				
		Bottom:T.D	Pluggi	ng Completed:				
Show depth and thicknes	s of all water, oil and gas	formations.						
	Vater Records		Casing Record (	Surface, Conductor & Prod	duction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
Tomaton	Content	Cushing	Oize	Cetting Deptin	T diled Out			
		olugged, indicating where the r	•					
Plugging Contractor Licer	nse #:		Name:					
Address 1:			Address 2:					
City:			State:		Zip:	_+		
Phone: ( )								
Name of Party Responsib	ole for Plugging Fees:							
State of	Cou	inty,	, SS.					
		•		Employee of Operator of	or Operator on above	-described well		
	(Print Nar			Employee of Operator of	. Design on above	acacinaca 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

ricia	& CCIII		•				Acid Stage No		
Dute 5	12/14	District	Blding	0. No. 40129	Type Treatment: Amt.  BkdownBbl./Gal.	Type Fluid	Sand Size Pounds of Sand		
Well Name	ANO RO	dacks	#/	***************************************	Bbl. /Gal	***************************************			
Location.			Field		Bbl (Gal	***************************************			
County				<b>5</b> .	FlushBbi. /Cal.	•••••••••••••••••••••••••••••••••••••••	·····		
	1/2				Treated from	. to	ft. No. ft		
Cusing: Six	.5/4	Type & Wt	••••••••••••	Bet at	from	. to	ft. No. ft		
				to	from ft. to ft. No. ft.				
				to					
				<b></b>					
				ft. Bottom atft.	Pump Trucks. No. Used: Std				
				ft. toft.	Auxiliary Equipment		***************************************		
Tubing: 8184	seferated from		Swung at		Packer:	••••••••••	Set at		
	ritirated trom.		tt. to	<u></u>	Auxiliary Teols				
Own Hole S	ise	T.D		B. to	Plugging or Scaling Materials: Type.				
		1		1 /		1	tinin		
Company	Representati	ve GRA	Total Field	ding	Treater_/IMDet	ter			
a.m /p.m.	Tubing	Casing	Pumped		REMARK				
11:00				on locati	IN W/255 SACK	15 60/40	4% gel 500 Klal		
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12:20	' l	<del> </del>		NUY /10	SACK at 1850	100	H4/15		
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11:00				41:17	60 He 1 00		4 / 1/		
12:30		<del> </del>		THIN SO	JACKS AT 400	100	1 / ull3		
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