

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

1208695

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

Spot Description: Spot	OPERATOR: License #:					API No. 15					
State Zip Feet from North / South Line of Section Street Feet from Street Feet from Street Feet from Street Feet Feet Feet Feet Feet Feet Feet											
City:	Address 1:			_		Sec Tv	vp S. R	East	West		
Contact Person: Fhone (Address 2:			_		Feet from	North /	South Line of	Section		
Phone (City:	State:	Zip: +	_							
Type of Wellt; (Check one)	Contact Person:			Foo							
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top:	Phone: ()				1	NE NW	SE S	SW			
Water Supply Well Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	untv.						
ENIR Permit #:	Water Supply Well	Other:	SWD Permit #:		-						
As ACC-1 filed?	ENHR Permit #:	Gas Sto	orage Permit #:								
Depth to Top:	Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	I		•					
Depth to Top:	Producing Formation(s): List /	All (If needed attach another	r sheet)	by:			(/	CCC District Agent's	Name)		
Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Size Setting Depth Pulled Out Content Casing Size Setting Depth Pulled Out Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If zeroent 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: Zip: +	Depth to	o Top: Botto	om: T.D								
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Plugging Contractor License #: Name:	Formation	Content	Casing	Size		Setting Depth	Pulled Out				
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Address 1: Address 2:	cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) t	or each	plug set.					
City:	Plugging Contractor License #: Na				ie:						
Phone: ()	Address 1:			Address 2:							
Name of Party Responsible for Plugging Fees:	City:			Sta	ıte:		Zip:	+			
State of, ss.	Phone: ()										
	Name of Party Responsible for	or Plugging Fees:									
	State of	County, _		, S	S.						
		•			_						

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	t 🕮						Acid Stage No	,.	
Date	6/3/2014	District G.B.	F.O. f	No. C40186	Type Treatment:	Amt. Bbl./Gal.	Type Fluid	Sand Size		ls of Sand
Company	LD Drilling									
Well Nam	ie & No. Day-Pa	uls #1				Bbl./Gal.				
Location			Field							
County	Lane		State KS		Flush					
					Treated from	ft.	to	ft.	No. ft.	0
Casing:				Set atft.	from	ft.	to	ft.	No. ft.	0
Formation	1:		Perf	to	from	ft.	to	ft.	No. ft.	0
Formation	1:		Perf.	to	Actual Volume of Oil /	Water to Load Hole:				Bbl /Gal.
Formation	1;		Perf.	to						
Liner: S					Pump Trucks. No.	Used: Std3	20 Sp		Twin _	
	Cemented: Yes	Perforated fr	om	ft. toft.	Auxiliary Equipment			327		
Tubing:	Size & Wt.	2"	Swung at	ft.	Personnel Nathan G	Greg Jordan				
	Perforated f	rom	ft. to	ft.	Auxiliary Tools					
					Plugging or Sealing Ma	terials: Type				
Open Hok	e Size	T.D.	ft. P.	.B. toft.				Gals.		lb.
Company	Representative		Mike Kasse	elman	Treater		Nathan	W		
TIME	PRES	SURES	Total Fluid Pumped			REMARKS				
a.m./p.m		Casing	Total Full Full Ped			NEWPORKS				
9:40	2"	5.5"		On Location.	1.					
				Mix 50sks 60/40	poz 4%gel wit	th 100# Hulls	at 4500'			
				Mix 130sks with	100# Hulls at	1100' Circu	lated cem	ent to sur	face.	Shut
				in casing and mi	x 20sks. Press	sured up to 3	300# Pull	tubing.		
				Tie on annulus a	nd mix 40sks	Pressured u	p to 300#			
			-							
2:45				Top off casing w	ith 10sks.					
				Thank You!						
				Nathan W.						
			-							
			-							
_										