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

# CORRECTION #1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1211278

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

Form CP-4

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

OPERATOR: License #:	API No. 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:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:  If Not, is well log attached?  Yes  No    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	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 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:	Name:					
Address 1:		Address 2:						
City:		State:	Zip:	+				
Phone: ( )								
Name of Party Responsible for Plug	gging Fees:							
State of	County,	, SS.						
	(Print Name)		or or Operator on abo					
haing first duly sugars an asthe says	That I have be availed as a fith a factor	statements, and matters barain contained, and the l	on of the chour departhed	wall in an filed and				

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

### Submitted Electronically



268287

TICKET NU	WBER	4	1231
LOCATION	Otta	wa k	S
	- /		4

FOREMAN Fred Made

	FIELD	TICKET	&	TREATMEN	TI	REPORT
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CEMENT

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

DATE	CUSTOMER #	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
5. 1.14	8147	Forshee #1		SE:27	10	20	Ly
CUSTOMER							
Tho	mas We	U Service Inc		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRI	ESS			712	FreMad		
P. D.	Box 97	7	_	495	Har Bec		
CITY		STATE ZIP CODE		369	M:K Haa		
Mcho	uth	KS 66054		558	MAtCa		
JOB TYPE HOLE SIZE NA HOLE DEPTH CASING SIZE & WEIGHT							
CASING DEPTH	19349	DRILL PIPE	_TUBING		······································	OTHER	
SLURRY WEIGH	IT	SLURRY VOL	WATER gal/s	sk	CEMENT LEFT in	CASING_FU	11
DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE_ /- 2 BPM							
REMARKS: Note Perforated 1324-13291 Hald Crew Satit weeting							
Establish injection rate: 1-18BPM @ soot, Pressure drapped to							
400-500 # PSI! Mix & Puno sks 50/50 Por Mix Count 6%							
Gel, Pressure to 1000 PSI when comment hit perts. 540K in							
0.3	50# 9.31.				/		

Male Kec Rep' Taylor\_ Herman ACCOUNT DESCRIPTION of SERVICES or PRODUCT QUANITY or UNITS UNIT PRICE TOTAL. CODE Plusto Amade 00 PUMP CHARGE 495 723 54050 MILEAGE 485 50 mi 5406 .11 -1 .....

5407	Minimum	Ion Whiles	000		368-	1
55020	3 hrs	80 BBL Vac Truck	369		3665	
1124	75 sKs	50/50 Por Mix Coment		86259		
11180	<u>75 s//s</u> 378#	Premiune Gel		8316		
		Material		94/566	1	
		Less 30	%	- 28320		
		Total			66196	
					7	
		·				-
	· · · · · · · · · · · · · · · · · · ·		RY C	nmneren		
				Inplotoa		
				2621.28		
			7,1570	SALES TAX	47 34	1
Ravin 3737	L			ESTIMATED	47.34 2317 <sup>30</sup>	
	-1 A XO	0		TOTAL	2317	1
AUTHORIZTION	NH tom	TITLE PR.		DATE 5-19-	14	

AUTHORIZITON \_\_\_\_\_\_\_ DATE\_\_\_\_\_\_ DATE\_\_\_\_\_\_ DATE\_\_\_\_\_\_ DATE\_\_\_\_\_\_ DATE\_\_\_\_\_\_ T\_\_\_\_T\_\_\_\_ I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

## Summary of Changes

Lease Name and Number: FORSHEE 1 API/Permit #: 15-103-20916-00-00 Doc ID: 1211278 Correction Number: 1 Field Name Previous Value New Value Approved Date 06/19/2014 06/20/2014

## Summary of Attachments

Lease Name and Number: FORSHEE 1 API: 15-103-20916-00-00 Doc ID: 1211278 Correction Number: 1 Attachment Name