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

1211559

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
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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: 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) Depth to Top: Bottom: T.D.	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:

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:		
Address 1:		Address 2:		
City:		State:	Zip:	+
Phone: ()				
Name of Party Responsible for Plugg	ing Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operator	or Operator on a	bove-described well,
boing first duly sworp on oath save: T	That I have knowledge of the facts	statements and matters herein contained and the log	a of the above-describe	d well is as 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



TREATMENT REPORT

		Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Date 5/20/2014 District G.B.	F.O. No. C40181	Bkdown	Bbl./Gal.			
Company 1D Drilling			Bbl./Gal			
Well Name & No. Cobb #1			Bbl./Gal.			
Location Field			Bbl./Gal			
County Rush State KS		Flush	Bbl./Gal.			
1		Treated from	f	t. to	ft.	No.ft. 0
Casing: Size 5.5" Type & Wt.	Set at	ft. from	f	t. to	ft.	No. ft. 0
Formation: Perf.	to	from	f	t. to	ft.	No. ft. 0
Formation: Perf.	to	Actual Volume of Oi	l / Water to Load Hole	2:		Bbl./Gal.
Formation: Perf.	to					
Liner: Size Type & Wt. Top at	ft. Bottom at	ft. Pump Trucks. N	io. Used: Std	320 Sp		Twin
Cemented: Yes 🔻 Perforated from	ft. to	ft. Auxiliary Equipment		31	7/308	
Tubing: Size & Wt. 2.5" Swung at		ft. Personnel Nathar	Greg Jordan Jef	f		
Perforated fromft.	to	ft. Auxiliary Tools				
		Plugging or Sealing I	Materials: Type			
Open Hole Size T.D	ft. P.B. to	ft			Gals.	łb.

Company	Representative		Mike Kasse	elman Treater Nathan W.			
TIME			Total Fluid Pumped	REMARKS			
a.m./p.m.		Casing					
8:45	2.5"	5.5"		On Location.			
				Mix 14sks gel and 70sks 60/40poz 4%gel with 100# Hulls at 3600'			
				Mix 60sks with 100# Hulls at 1500'			
_				Mix 50sks with 100# Hulls at 975'			
				Mix 50sks at 500' Circulated cement out 5.5" casing. Shut in casing and			
				mix 170sks. Circulated cement to surface out 8 5/8"			
1:45			Top off with 10sks.				
_				Total=410sks.			
				Thank You!			
				Nathan W.			