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** 

1212606

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 #:  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 Plugging	J Fees:			
State of	County,	, SS.		
	(Print Name)		f Operator or Operator on a	
haing first duly sugar an asthe says. The	at I have knowledge of the feate	statements and matters harain contained	and the lag of the chave describe	d wall 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

Acid &	& Cement							Acid Stage No	o	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ls of Sand
Date 5	/21/2014 c	District	F.O. N	o. 40276	Bkdown		.,,			
	DS LANGSTON									
-	& No. REIF 31-									
Location			Field							
County	RICE		State KS		Flush	Bbl./Gal				
					Treated from		ft. to		No. ft.	
Casing:	Size	Type & Wt.		Set at ft.	from			ft.	No. ft	0
Formation:			Perf	to	from		ft. to	ft.	No. ft.	0
Formation:	<u></u>		Perf	to	Actual Volume of (	Oil / Water to Load H	lole:			Bbl./Gal.
Formation:			Perf.	to						
Liner: Siz	zeType &	i Wt.	Top atft.				318 Sp.		Twin	
			om	ft. toft.		nt		17-308		
Tubing:	Size & Wt.		Swung at				AN AND JEFF			-
	Perforated f	rom	ft. to	ft.	Auxiliary Tools					
	1				Plugging or Sealing	g Materials: Type	<u> </u>			
		T.D.	ft. P.	B. toft.				Gals		lb.
Company I	Representative		SOUTHW	IND	Treater		BRAND	ON		
TIME	PRES	SURES	Total Fluid Pumped			REMAR	s			
a.m./p.m.	Tubing	Casing		ONLIGEATION						
10:30		<u> </u>		ON LOCATION						
						AT 22101 A				D
				PUMP 35 SKS 60	)/40 4% GEI	LAI 3510 A	IND DISPLAC			.r
					140 40/ AT	1250				
				PUMP 35 SKS 60	)/40 4% AT	1250				
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				PUMP 35 SKS 60	)/40 4% AT	900				
					140 40/ AT	<b>EOE</b>				
				PUMP 35 SKS 60	)/40 4% AT	525				
			<u></u>			<u></u>				
				PUMP 25 SKS 60	)/40 4% AT	60.				
							FUOLEWI			
				PLUG RAT HOLE	W/ 30 SKS	AND MOUS	E HOLE W/ 2	20 5K5		
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