

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

1218274

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 Tw	p S. R East West				
Address 2:					Feet from North / South Line of Section					
City:					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 Cathodi	c C	nuntv.						
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)						
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1							
Producing Formation(s): List A	─ \ll (If needed attach another	sheet)				(KCC District Agent's Name)				
Depth to	Top: Botto	m: T.D	1							
Depth to	Top: Botto	m: T.D		Plugging Commenced:						
Depth to	Top: Botto	m:T.D	1	ugging	g Completed:					
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Reco	ord (Su	urface, Conductor & Produc	tion)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cement or other plugs were us	sed, state the character of	same depth placed from (bot	tom), to (top)	for ea	ach plug set.					
Plugging Contractor License #:				ie:						
Address 1:			Address 2: _							
City:			St	ate:		Zip:+				
Phone: ()										
Name of Party Responsible fo	or Plugging Fees:									
State of		, ;	SS.							
(Print Nama)				E	Employee of Operator or	Operator on above-described 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

Acid Stage No.

Acid & Cement &	94b											
				Type Treatment:	Amt. Type		Pounds of Sand					
Date 8/11/2014 Distri	ct	F.O. No		Bkdown	Bbl./Gal.							
Company LASSO ENERGY					Bbl./Gal.							
Well Name & No. McCLAREN	B-1				Bbl./Gal.							
Location		Field			Bbl./Gal.							
County KIOWA		State KS		Flush Bbl./Gal.								
				Treated from	ft. to	ft.	No. ft. 0					
Casing: Size 5 1/2	Type & Wt.		Set atft.	from	ft. to	ft.	No. ft. 0					
Formation:		Perf.		from	ft. to	ft.	No. ft. 0					
Formation:		Perf.		Actual Volume of Oil / Water to Load Hole: Bbl./Gal								
Formation:		Perf.										
Liner: SizeType & W				Pump Trucks No. 1	Used: Std. 318	Sp.	Twin					
	THE RESIDENCE OF THE PARTY OF T	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NA		Auxiliary Equipment								
Tubing: Size & Wt.		Swung at			N JOE JEFF AND JOSH							
Perforated from	and the second second second	ft. to		Auxiliary Tools								
					erials: Type							
Open Hole Size	T.D	ft. P.	B. to ft.			Gals.	lb.					
open tiole size												
Company Representative		MATT		Treater	BR	ANDON						
TIME												
a.m./p.m. Tubing	Casing	Total Fluid Pumped			REMARKS							
1:00			ON LOCATION									
1.00												
			PUMP 10 SKS GI	L AND 50 SKS	60/40 4% AT 1020	0'						
			TOWN 20 ONG O									
			PUMP 50 SKS 60/40 4% AT 500'									
			TOWN SO SHOUL									
			CIRCULATE CEMENT TO SURFACE FROM 40' W/ 40 SKS 60/40 4%									
			CINCOL VIE CENT			1						
						A STATE OF THE STA						
						The state of the s						
			THANKS									
			BRANDON									
			DIVINDON									
						ALCOHOL:						
						NAME OF TAXABLE PARTY.						
BEAU PRINCE												
						H. Charles and St. Co.						
THE RESIDENCE OF THE PARTY OF T		The state of the s	CONTRACTOR OF THE PARTY OF THE				APPENDING THE PROPERTY OF THE PARTY OF THE P					