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

1219449

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:	
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:	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 leased and of the fast	atotomonto, and mottors barain contained, and the l	an of the chours described a	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



TREATMENT REPORT

Acid	cid & Cement 🕮				Acid Stage No.					
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pour	ds of Sand
Date	8/6/2014	District		No. 42663	Bkdown				roun	15 01 3810
Company									harton	
Well Nam	e & No. EINSE	L#1			1	Bbl./Gal.		****		
Location Field			1	Bbl./Gal.						
County	KIOWA		State KS		Flush	Bbl./Gal.				
					Treated from		't. to		No. ft.	0
Casing:	Size 5 1/2	2 Type & Wt.		Set atft.	from		t. to		No. ft.	
Formation				to	from		it. to		No. ft.	0
Formation						il / Water to Load Hol				Bbl./Gal.
Formation			All and the second s							boi./Gai.
Liner: S			Perf.		Dump Trucks	1-11-4 644	210		- .	
	Cemented:	Perforated fi		Bottom atft. ft. toft.	Auxiliant Equipment		<u>510</u> Sp	327	Iwin	
	Size & Wt.						:บ	527		
			ft. to		Auxiliary Tools	JON JOL AND JOL				
Open Hole	Size	T.D.	ft. P			Materials: Type _				
			A. F	.B. toft.				Gals.		lb.
Company	Representative		KELSC	`						
Тіме	-	SURES	I KELSC		Treater		BRAND	JN		Mictory & Constant States
a.m./p.m.		Casing	- Total Fluid Pumped			REMARKS				
11:30	Tubing	Casing		ON LOCATION						
11.30				UNLOCATION						
		1								
		1		PUMP 13 SKS GE	L AND 50 SK	5 60/40 4%	41 1340'			
					<u></u>					
		ļ		PUMP 50 SKS 60	/40 4% AT 6	20'				
				CIRCULATE CEMI	ENT TO SURF	FACE FROM 4	<u>40' W/ 20 S</u>	KS 60/40	4%	
				THANKS						
				BRANDON						

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