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

1223972

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 #: SWD Permit #: SWD Permit #: 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	Formation Content		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 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

Form	CP4 - Well Plugging Record			
Operator	Lasso Energy LLC			
Well Name	Briggs 1-35			
Doc ID	1223972			

Producing Formations

Formation	Тор	Bottom	Total Depth
Pawnee			
Myrick Station			
Marmaton			
Lansing Kansas City			

CORELINE I

TREATMENT REPORT

	Id C	****	No.
AC	. O S	LOK	

Acid 8	e Cement							Pounds of Sand
					Type Treatment: A			Pounds of Sand
ate 9/	/12/2014 D	istrict	F.O. N	42808	Bkdown	Bbl./Gal.		
	LASSO ENERG							
	& No. BRIGGS					Bbl./Gal		
ocation			Field			Bbl./Gal.		
County	GOVE		State KS		Flush	Bbl./Gal.		
	V				Treated from		ft.	No. ft. 0
lasing:	Size 5 1/2	Type & Wt.		Set atft.	from			
ormation:			Perf.	to	from	ft. to	ft.	
ormation:			Perf.	to	Actual Volume of Oil / W	/ater to Load Hole:		Bbl./Gal
			Perf.					
formation:	Type &	Wt	Top at ft.	Bottom at ft.	Pump Trucks. No. U	ised: Std. 318	ip	Twin
			rom		Auxiliary Equipment		360-310	
			Swung at		Personnel BRANDON	JOE AND JOSH		
ubmig.	Perforated f		ft. to		Auxiliary Tools			
	renorated				Plugging or Sealing Mate	erials: Type		
			ft. P	B. to ft.	1		Gal	i. It
)pen Hole	5426	T.D						
			KELSC)	Treater	BR	ANDON	
-	Representative	and the second se	T					
TIME		Casing	- Total Fluid Pumped			REMARKS		
1.m./p.m.	Tubing	Casing		ON LOCATION				
3:30				ON LOCATION				
				DI IMAD 75 SVS 60	1/10 1% 1/ 30	0# HULLS FOLLOV	FD BY 12 Sk	(S GEI
							1001120	
				FOLLOWED BY 2			TO 200# C	
_						ID PRESSURED UP	10 200#. 5	
				TOP OFF W/ 10	SKS			
				THANKS				
				BRANDON				
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