

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

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 #:			APIN	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:			Foota	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()				☐ NE ☐ NW ☐ SE ☐ SW					
Type of Well: (Check one) (Compared to the Charles) (Compared to the Charles) (Compared to the Charles) (Check one) (Check one	Other: Gas Sto	OG D&A Cathodi SWD Permit #: rage Permit #: log attached? Yes	Leas Date	County: Well #: Well #: The plugging proposal was approved on: (Date					
Producing Formation(s): List A	All (If needed attach another	sheet)			(KCC District Agent's Name)				
		m: T.D							
Depth to	o Top: Botto	m: T.D	1	Plugging Commenced: Plugging Completed:					
Depth to	o Top: Botto	m:T.D	Plugg	ging Completed:					
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Water	r Records		Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
cement or other plugs were us			•		ods used in introducing it into the hole. If				
Plugging Contractor License #	#:		Name:						
Address 1:			Address 2:						
City:			State	:	Zip:+				
Phone: ()									
Name of Party Responsible fo	or Plugging Fees:								
State of	County		. 88						
				Franksis of Orest	Operator on all size described to				
	(Print Name)			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 o	& Cement	t 🕮						Acid Stage No		
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ls of Sand
Date 9	0/17/2014	District G.B.	F.O. N	lo. 42780	Bkdown	Bbl./Gal.				
	Lasso Energy			X		Bbl./Gal.				
Well Name	e & No. Bair #1					Bbl./Gal.				
Location			Field		l —	Bbl./Gal.				
County	Cowley		State KS		Flush	Bbl./Gal.				
					Treated from		ft. to	ft.	No. ft.	0
Casing:	Size	Type & Wt.		Set at ft.	from		ft. to	ft.	No. ft.	0
Formation			Perf		from		ft. to	ft.	No. ft.	0
Formation			Perf.	to	Actual Volume of Oi	I / Water to Load Ho	le:			Bbl./Gal.
Formation			Perf.	to						
Liner: Si	ize Type 8	Wt.			Pump Trucks. N	lo. Used: Std.	320 Sp.		Twin	
	Cemented: Yes				Auxiliary Equipment			327		
	Size & Wt.	_			Personnel Nathar	Greg Jordan Jo	sh			
					Auxiliary Tools					
					Plugging or Sealing I	Materials: Type				
Open Hole	Size	T.D.	ft. P.	.B. toft.				Gals.		lb.
									-	
Company	Representative		Bruce !	K.	Treater		Nathar	ı W.		
TIME	PRES	SURES							-	-
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS				
9:30				On Location						
				Circulate 140 sad	cks of 60/40	4% cement	from 393'	to surface	1	
								io surrace		
			1.	Top off with 20 s	sacks of 60/4	0 4% ceme	nt			
						e i/o ocinici				
11:00				Job complete						
11.00				300 complete						-
_				Thank you!						_
				mank you:						
								7		