

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

1227458

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. 1	5							
Name:				Spot Description:							
Address 1:				Sec T	wp S. R East Wes						
Address 2:				Feet from North / South Line of Section							
City:	State:	Zip:+		Feet from East / West Line of Section							
Contact Person:			Footages	Calculated from Neare	est Outside Section Corner:						
Phone: ()				NE NW	SE SW						
Type of Well: (Check one)			ic County: _								
Water Supply Well	Other:	SWD Permit #:	I	Lease Name: Well #:							
ENHR Permit #:	Gas Sto	orage Permit #:	Date Wel	I Completed:							
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	A.		roved on: (Date						
Producing Formation(s): List A		r sheet)	by:		(KCC District Agent's Name						
Depth to	•	m: T.D	l Plugging	Commenced:							
Depth to	o Top: Botto	m: T.D	""								
Depth to	o Top: Botto	m:T.D									
Show depth and thickness of		ations.									
Oil, Gas or Water				g Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size	Setting Depth	Pulled Out						
cement or other plugs were us	. 00		•		ids used in introducing it into the hole.						
				lame:							
Address 1:			Address 2:								
City:			State:		Zin						
			Glate								
Phone: ()					+						
, ,					+						
Phone: () Name of Party Responsible fo	or Plugging Fees:				+						

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.



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 10867 A

Andrew and the second	PRESSURE PUMPIN	NG & WIRELINE	-				DATE	TICKET NO	•_•_		<i>×</i>		
DATE OF JOB	NEW WELL PROD □INJ □ WDW □ CUSTOMER ORDER NO.:												
CUSTOMER /	LEASE /	4K/W.	wend	e/ 1-	15-	WELL NO	Э.						
ADDRESS	1	3			COUNTY /	Pice.		STATE	KS				
CITY	2000 X 0 1	STATE	SERVICE CREWSU//114) Solawood Calle										
AUTHORIZED B	BY		20-9200-24		JOB TYPE:	CNU) P2	N,	1				
EQUIPMENT	T# HRS	EQUIPMENT#	JIPMENT#	HRS TRUCK CALLED 7-31-19 PM T									
30463							ARRIVED AT			AM PM	230		
20059-19918	8 /						START OPER	RATION	5 5	AM PM	7.54		
37900						+	FINISH OPE	RATION		AM PM /	130		
							RELEASED	AM //50					
						MILES FROM STATION TO WELL 20							
ITEM/PRICE		he written consent of an o		UNIT	(WELL OWN)	ER, OPERATO UNIT PE		RACTOR OF \$ AMO	1				
REF. NO.	1 2 2 2		7,110 02.11		SK	195 -	garer .		7,34				
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SERVICE REPRESENTAT	IVE P/ N	11/1			ERIAL AND SE STOMER AND		D BY:	191	MA	-			
TEL TEGENTAL	CORDED NO.	A STATE OF THE STA	1 - 1 - 1 - 1				WNER OPERA	TOR CONTRA	CTOR OR	AGENT)			



TREATMENT REPORT

Customer RIRD 109 DIL 14 C Lease No.					Date				ε,	Es						
Lease .		Well # /-/8					07-31-14									
Field Order #	Station	POIL A			0	Casing	Depth 33		0	Rice	State					
Type Job	P.	TA		*		1 2/2	Formation			Le	gal Description	-/0) : .			
PIPE DATA PERFORATING DATA						FLUID USED				TREATMENT RESUME						
Casing Size	Tubing Siz		Shots/Ft			Acid			RATE PRESS			ISIP				
Depth	Depth	From	То		Pre	Pad		Max	Max			5 Min.				
Volume	Volume	From	To		Pa	<u>d</u>	A II IN THE	Min				10 Min.				
Max Press	Max Press				Frac			Avg			15 Min.					
Well Connection	Annulus V		То			-	HHP Used				Annulus Pressure					
Plug Depth	is Depth Packer Depth		То	Flush				Gas Volume			Total Load					
Customer Repr	esentative			Statio	n Mar	nager OAJ	E Saft	L.	Trea	ter Poles	t full	\supset				
Service Units	37900	27443	70959	1991	Ş-											
Driver :	ullivno	Starlo	Cutshe	4						20 E						
Time	Casing Pressure	Tubing Pressure	Bbls. Pu	ımped		Rate			Service Log							
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