

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

1227661

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 T	wp 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) (Che	Other: Gas Sto	SWD Permit #:	Lease	County: Well #: Well #:							
Is ACO-1 filed? Yes	_	log attached? Yes			roved on: (Date)						
Producing Formation(s): List A					(KCC District Agent's Name)						
•	•	m: T.D	I Plugo	Plugging Commenced:							
•		m: T.D	Plugg	Plugging Completed:							
Depth to	5 TOP BOILO	m: T.D									
Show depth and thickness of	all water, oil and gas forma	ations.	'								
Oil, Gas or Water	r Records		Casing Record	g Record (Surface, Conductor & Production)							
Formation Content		Casing	Size	Setting Depth	Pulled Out						
Describe in detail the manner cement or other plugs were us	. 00		•		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 for	or Plugging Fees:										
State of	County		SS								
-				F	0						
	(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

Customer Todo Enersy LLC						Lease No.						Date							
Schnoehelen 33-1									ar ye di da		- (0-	6-2	014					
Field Order # Station Prestriks Casing									// Dp De	pth 3176	County	FA	WSIA	S	State	K			
Type Job	NWI	PT	A	115				palisto.	Formation Legal Description 33 -25-17										
PIPE DATA PERFORATING DAT							FLUID USED				TREATMENT RESUME								
Casing Size	Tubing S	ize	e Shots/Ft			Acid		Acid			RATE PRI		ESS ISIP						
Depth 3/7	Depth		From	From T		Го		Pre Pad		Max	Max								
Volume 296	Volume	*	From	To		Pad		Pad		Min	Min		10 Min.						
Max Press	Max Pres	ss	From	rom 7		Го		Frac		Avg	Avg		15 Min.						
Well Connection	n Annulus	Vol.	From	From						HHP Use	HHP Used			Annulus Pressure					
Plug Depth	Packer D	epth	From	то То			Flush			Gas Volu	Gas Volume		Total Load						
Customer Rep	resentative	Ke	liv M	1922	n	Station	Mana	iger Keu	n Gar.	210,	Treate	r I)Grin	Fish	-1/2				
Service Units	27783	33	708	1990	05	1996	0	21010											
Driver Names	Dann		beit	Robe	14	Baro		Asion				-, 10		1 1 1 1 1 1	Sept.				
Time	Casing Pressure		ubing essure	Bbls	. Pum	ped	F	Rate		Service Log									
Mark Mark					100				onle	ocation 1salety mertins									
			ACTUAL CO		(all ri														
			· · · · · · · ·						fivs+ Plus - 3/30										
	100			8		8		31/2	& hhis Water										
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	100		3		3	3		1/2	3 bhis muz										
	100		23		3		3 1/2		23 bhis water										
									2n2p	105- 117	5- 1170								
	0	W-10	8						8 bbls wster										
	0		12		1/2	31/2		SUSYCEMENT											
	0				3			3 bbs use											
	0	3		3		31/2 3		3 bhis Mud											
Mrs. Com										105- 30									
1- 2-	0		. 28	121/2			3	1/2	3 661	5 WSter			-						
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	0				1/2	-	5	3/2	12 651	1. Wster									
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									Thank you!!!										