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

1227760

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. 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:	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 #: Is ACO-1 filed? Yes 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)	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) 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:		
Address 1:		Address 2:		
City:		State:	Zip:	+
Phone: ()				
Name of Party Responsible for Plu	ugging Fees:			
State of	County,	, SS.		
	(Print Name)		tor or Operator on ab	
		statements, and matters harain contained, and the		

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

ACIC	& Cemen	t 🕮						Acid Stage No.		
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ls of Sand
Date 9)/29/2014 r	District	F.O. N	lo. 428 1 6		Bibl./Gal.				
	LD DRILLING		· · · · · · · · · · · · · · · · · · ·	Terror Contractor Contractor	1					
	e & No. DKP 1-3	}			1	Bbl./Gal.				
Location Field					Bbl./Gal.					
County BARTON State KS				Flush						
					Trastad from				No. ft.	0
Casing:	Size 5.1/2) Turne & 14/t		Set atft.					No. ft.	
Formation				tot					No. ft.	0
Formation				Alexandra and a second second	Actual Volume of O	il / Water to Load Ho	.e:			Bbi./Gal.
Formation	:		Perf.	to						
						No. Used; Std.			Twin -	
					Auxiliary Equipmen			50-310		
Tubing:						DON JOE AND JO	SH			-
	Perforated f	rom	ft. to	ft.	Auxiliary Tools					
					Plugging or Sealing	Materials: Type				
Open Hole	Size	T,D,	ft. P.	.B, toft.		• (Gals.		lb.
Company	Representative		KELSC	i	Treater		BRANDO	ON		
TIME	PRES	SURES								
a.m./p.m.	Tubing	Casing	Total Fluid Pumped							
8:00				ON LOCATION						
				PUMP 125 SKS 6	0/40 4% W/	200# HULLS	AT 1450			
				PUMP 40 SKS 60	140 4% W/	100# HUUS	AT 950'			
					110 110 117	10011110220	11 330			
				PUMP 40 SKS 60	1/10 10/ 10/		AT 600'			
				POINP 40 5K5 00	740 470 VV/	100# HOLLS	AT 000			
						FACE FROM	450114/42	E CHC COL	40 40/	AND
				CIRCULATE CEM	ENTTUSUR	FACE FROM	460 00/12	5 SKS 60/4	40 4%	AND
				100# HULLS						
				THANKS						
				BRANDON						
		1								
		1								