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

1228973

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

Address 1:	Calculated from Nearest Outside Section Corner:
Address 2:	Feet from North / South Line of Section Feet from East / West Line of Section Calculated from Nearest Outside Section Corner:
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Calculated from Nearest Outside Section Corner:
Phone: ()	
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: Lease Nar ENHR Permit #: Gas Storage Permit #: Date Well Is ACO-1 filed? Yes No If not, is well log attached? Yes No	
Water Supply Well Other: SWD Permit #: Lease Nar ENHR Permit #: Gas Storage Permit #: Date Well Is ACO-1 filed? Yes No If not, is well log attached? Yes No	NE NW SE SW
Depth to Top: Bottom: T.D	ne: Well #: Completed: ng proposal was approved on: (<i>Date</i>) (<i>KCC District Agent's Name</i>) commenced:

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 Se		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 Pluggin	ng Fees:			
State of	County,	, SS.		
	(Print Name)	Employee of Operator	r or Operator on above-described v	vell,
boing first duly sworp on oath, save: T	hat I have knowledge of the facts	statements and matters berein contained, and the lo	a of the above-described well is as filed	one

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

Acid Stage No.

Date 9/26/2014 District F.O. No. 42815 Company DAYSTAR PETROLEUM Well Name & No. GOETZ Location Field County KINGMAN State					Type Treatment: Bkdown	Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal.	Type Fluid		Pound	ls of Sand
Casing: Formation	Size4 1/2		ing a could be seen to be a sub-	Set atft. to	Flush Treated from from from from	ft	to to to	ft.	No. ft No. ft No. ft.	
Formation			Perf.		Personal Contraction of the local distances of the local distances of	/ Water to Load Hole:				Bbl./Gal.
Formation			Perf.							bolly Gal.
Liner: Si	zeType &	Wt	Top at ft.		Pump Trucks. N	o. Used: Std. 3	18 Sp.		Twin	
	Cemented:	Perforated f	rom	ft. toft.	Auxiliary Equipment		3		_	
Tubing:			Swung at		Personnel BRAND	ON JOE AND JOSI	4			_
	Perforated fr	rom	ft. to	ft.	Auxiliary Tools					
_					Plugging or Sealing N	Materials: Type				
Open Hole	Size	T.D	ft. P.	.B. toft.				Gals.		lb.
Company I	Representative	SURES	STEVE		Treater		BRANDO	N		
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS				
8:30				ON LOCATION	and a second			and we are a subscription of		
				PUMP 35 SKS CO	MMON W/	3 % CC AT 14	50'			
							· · ·			
				PUMP 35 SKS CO	MMON W/ 3	3% CC AT 100	0'			
				WAIT 1 1/2 HR A	ND TAG. DI	NOT TAG				
				CIRCULATE CEME WITH 235 SKS 60		ACE FROM 1	450' OUT C	ASING AI	ND SU	RFACE
				THANKS						
				BRANDON						



TREATMENT REPORT

Acid Stage No.

				142788	Type Treatment: Bkdown	Amt. Bbl./Gal.	Type Fluid	Sand Size	Pounds	s of Sand
Date 9/	30/2014 Dis	strict G.B.	F.O. No	CH2788						
Company [Daystar Petrol	eum								
Well Name	& No. Goetz #1									
			Field KS		Flush	and the second se				
County	Kingman	NAME OF TAXABLE PARTY OF	State KS				ft. to		No. ft.	0
							ft. to		No. ft.	0
Casing:	Size 4 1/2	Type & Wt.		Set atft.			Apple Control March 1999		No. ft.	0
Formation:			Perf.	to	from	COLUMN AND ADDRESS OF THE OWNER OF THE	ft. to			Bbl./Gal.
Formation:			Perf.		Actual Volume of C	Dil / Water to Load Ho	ble:	A DOLLAR DOLLAR DOLLAR	A CONTRACTOR OF THE OWNER	BDI./Gal.
				to						
Formation:		Wt	Top at ft.		. Pump Trucks.	No. Used: Std.	330 Sp.		Twin	
			rom		Auxiliary Equipmen	nt		327		
	Size & Wt.				Personnel Natha	an Greg Jordan Je	eff			_
TUDING.	Perforated fr		ft. to		. Auxiliary Tools					
	Fendrateun				Plugging or Sealing	g Materials: Type				
			ft D	B. to ft			State State State		5.	lb
Open Hole	Size	T.D			<u> </u>					
	Representative		Steve Boo	dine	Treater		Natha	n W.		
TIME		Casing	Total Fluid Pumped			REMARK	S			
a.m./p.m.	Tubing	Casing		On Location		date of use or constant insulation	and the particular second second second		No. of Concession, Name	
11:00				On Location						
				Duran d CO and	La CO/40 40/	down / 1/2	casing fillo	d up from	200'	
				Pumped 60 sac	KS 60/40 4%	auwii 4 1/2	casing me	u up nom	200	
				Job complete						
12:00				Thank you!						
	1. 7.8					-				
-										
-		-								
-										
1	1						and the second se		the second s	And in case of the local division of the loc