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** 

1228988

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

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 #:	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: ( <i>Date</i> ) by: ( <i>KCC District Agent's Name</i> ) Plugging Commenced: Plugging Commenced:
Depth to Top: Bottom: T.D	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 Plug	gging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
haing first duly sugars an asthe says	That I have be availed as a fith a factor	statements, and matters barain contained, and the l	on of the chour departhed	wall in an filed and

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

# Acid & Cement

#### TREATMENT REPORT

	Acid Stage No.	
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			Type Treatment: Amt.		Тур	e Fluid	Sand Size	Pound	s of Sand
Date 9/10/2014 District G.B.	F.O. No.	42779	Bkdown	Bbl./Gal.					
Company Daystar				Bbl./Gal.					
Well Name & No. Bates #12				Bbl./Gal.					
Location Fie	ld			Bbl./Gal.					
County Sumner Sta	te KS		Flush	Bbl./Gal.					
			Treated from		ft. to		ft.	No. ft.	0
Casing: Size 5 1/2 Type & Wt.	1	Set atft.	from		ft. to		ft.	No. ft.	0
Formation:	Perf.	to	from		ft. to		ft.	No. ft.	0
Formation:	Perf.	to	Actual Volume of Oil / Water	to Load Ho	ole:				Bbl./Gal.
Formation:	Perf.	to							
Liner: SizeType & WtTop at	ft.	Bottom atft.	Pump Trucks. No. Used:	Std.	320	Sp.		Twin	
Cemented: Yes  Perforated from	ft.	toft.	Auxiliary Equipment			327	,		
Tubing: Size & Wt Sw	ung at	ft.	Personnel Nathan Greg	lordan Je	eff				
Perforated from	ft. to	ft.	Auxiliary Tools						_
			Plugging or Sealing Materials	: Type					
Open Hole Size T.D.	ft. P.B.	toft.					Gals.		lb.

Company Re	epresentative		Steve Bo	dine Treater Nathan W.	
TIME		SURES	Total Fluid Pumped	REMARKS	
a.m./p.m. Tubing Casing			Total Tiala Tampea		And the second second
1:00				On Location	
				Circulate 110 sacks of 60/40 4% gel from 300 ft to surface	
2:10				Job Complete	
				Thank you!	
					1