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

1229972

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) 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:	_ Name:					
Address 1:	dress 1: /: one: ()	Address 2:						
City:		State:	Zip:	+				
Phone: ()								
Name of Party Responsible for Plugging	J Fees:							
State of	County,	, SS.						
	(Print Name)		f Operator or Operator on a					
haing first duly sugar an asthe says. The	at I have knowledge of the feate	statements and matters harain contained	and the lag of the chave describe	d wall is as 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



TREATMENT REPORT

	Cement /	\$						Acid Stage No	». <u> </u>	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	s of Sand
Date 10/1	14/2014 Distr	ict	F.O. N	o. 42401	Bkdown					
	DRILLING					Bbl./Gal.				
	No. MILTON #	1								
	the second se		Field							
	RATT		State KS		Flush					
					Treated from	ft	to	ft.	No. ft.	0
Casing: Si	Jize 5 1/2	Type & Wt.		Set at		ft	. to	ft,	No. ft.	0
Formation:			Perf.			ft	. to	ft.	No. ft.	0
Formation:			Perf.	to	Actual Volume of Oil / V	Water to Load Hole	:			Bbl./Ga
Formation:			Perf.							
Liner: Size	Type & W	t.	Top atft.	Bottom at	ft. Pump Trucks. No.	Used: Std,	318 Sp.		Twin	
			rom		ft. Auxiliary Equipment			17-310		
		-	Swung at		ft. Personnel BRANDO					-
	Perforated from		ft. to		ft. Auxiliary Tools					
					Plugging or Sealing Mat	erials: Type				
Open Hole Siz	ze	T.D.	ft. P.	B. to	ft.	-				lt
Company Rep TIME	presentative PRESSUI	RES	KELSO		Treater	REMARKS	BRAND			
a.m./p.m.	Tubing	Casing				ALIVIANAS				
10:00				ON LOCATION						
				PUMP 10 SKS	GEL AND 40 SKS	60/40 4%	AT 700'			
				PUMP 50 SKS	50/40 4% AT 500	יר				
	the second se					,				
						, 				
				CIRCULATE CE	MENT TO SURFA		10' W/ 20 S	5KS		
				CIRCULATE CE	MENT TO SURFA		10' W/ 20 S	SKS		
				CIRCULATE CE	MENT TO SURFA		10' W/ 20 S	SKS		
					MENT TO SURFA		10' W/ 20 S	SKS		
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					MENT TO SURFA		10' W/ 20 S	5KS		
				THANKS	MENT TO SURFA		10' W/ 20 S	SKS		
				THANKS	MENT TO SURFA		10' W/ 20 S	SKS		
				THANKS	MENT TO SURFA		10' W/ 20 S	5KS		