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** 

1229974

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:	
Address 2:	:
City:	Sec Twp S. R East West
Contact Person:	Feet from North / South Line of Section
Phone: ()	Feet from East / West Line of Section
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  Lease Name:  Lease Name:  Date Well Completing Formation(s): List All (If needed attach another sheet)  Date Well Completing Formation(s): List All (If needed attach another sheet)  Date Well Completing Formation(s): List All (If needed attach another sheet)  Date Well Completing Formation(s): List All (If needed attach another sheet)	ated from Nearest Outside Section Corner:
Water Supply Well  Other:  SWD Permit #:  Lease Name:  Lease Name:    ENHR Permit #:  Gas Storage Permit #:  Date Well Completion    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All ( <i>If needed attach another sheet</i> )  by:	IE NW SE SW
Depth to Top: Bottom: T.D.	Well #: leted: oposal was approved on: (Date) (KCC <b>District</b> Agent's Name) enced: eted:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
Formation	on Content		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:		Address 2:	Address 2:					
City:		State:	Zip:	+				
Phone: ( )								
Name of Party Responsible for Plu	igging Fees:							
State of	County,	, SS.						
	(Print Name)	Employee of Operate	or or Operator on a	above-described well,				
haing first duly sworn on ooth	c: That I have knowledge of the fact	a statements, and matters herein contained, and the l	og of the above deceriby	ad 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

Acia	& Cemen							Acid Stage No		
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	is of Sand
Date 1	LO/6/2014 c	District	F.O. N	10. <u>C42819</u>	Bkdown	Bbl./Gal.				
Company	LD DRILLING					Bbl./Gal.				17
	e & No. ZINK #1						·			
Location	3 <del>9</del>		Field			Bbl./Gal.				
County PRATT State KS										
					Treated from				No. ft.	0
Casing:	Size 5 1/2	Type & Wt.		Set ətft.					No. ft.	0
Formation				to					No. ft.	0
Formation			Porf			)il / Water to Load Ho			-	Bbl./Gal.
			Perf.		Actual Volume of O	water to coau ne				E E E E E E E E E E E E E E E E E E E
Formation			Perf.				220			
						No. Used: Std.			Twin	
					Auxiliary Equipmen			327		
Tubing:						DON JOE AND G	160			-
600	Perforated fr	rom	ft. to	Contraction of the second s	Auxiliary Tools					
						Materials: Type				
Open Hole	Size	T.D	ft. P.	.B. toft.				Gals.		
Company	Representative		KELSC	)	Treater		BRAND	NC		
TIME		SURES	Total Fluid Pumped			REMARKS				
a.m./p.m.	Tubing	Casing	Total Fluid Fumped			REIMARKS				
10:00				ON LOCATION						
				PUMP 10 SKS GE	LAND 80 SH	KS 60/40 4%	AT 600'			
				CIRCULATE CEM	ENT TO SUR	FACE FROM	40' W/ 20 S	iks	_	
	- 10 - 10 - 10 Aug									
					and the second					
									_	
				THANKS						
				BRANDON						
						147-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				