

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1231688

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:		-	SecTwp S. R East West								
Address 2:		-	Feet from North / South Line of Section								
City:					Feet from East / West Line of Section						
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW							
Phone: ()											
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	County							
Water Supply Well	Other:	SWD Permit #:		-		Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)							
Producing Formation(s): List A	All (If needed attach another	sheet)	b	y:		(KCC District Agent's Name)					
Depth to	o Top: Botto	m: T.D	_	Pluaain	na Commenced:						
Depth to	o Top: Botto	m: T.D		Plugging Completed:							
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.						
Show depth and thickness of	all water, oil and gas forma	ations.									
Oil, Gas or Wate	r Records		Casing Rec	ord (S	urface, Conductor & Produc	etion)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for ea	ach plug set.						
Plugging Contractor License #:											
Address 1:			Address 2:								
City:			S	tate:_		Zip:+					
Phone: ()											
Name of Party Responsible for	or Plugging Fees:										
State of	County, _			SS.							
			E	Employee of Operator or	Operator on above-described well,						

Submitted Electronically

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



TREATMENT REPORT

Acid	& Cemen	L (⊈ab b							Acid Stage No	· —				
					Type Treatment:	Amt.		Type Fluid	Sand Size	Pound	s of Sand			
Date 10/22/2014 District F.O. No. 42411					Bkdown		Bbl./Gal.							
	LD DRILLING				1									
	e & No. MARTIN	l #1			1									
Location			Field											
County PRATT State KS					Flush Bbl./Gal.									
					Treated from					No. ft.	0			
Casing:	Size 5 1/2	. Type & Wt.		Set atft.				. to		No. ft.	0			
Formation: Perf. to				from			. to		No. ft.	0				
				Actual Volume of Oil / Water to Load Hole: Bbi./Gal.										
Formation			Perf.	to										
	ze Type &	Wt.	Top at ft.	Bottom atft.	Pump Trucks. N	lo. Used:	Std. 3	318 Sp.		Twin				
			om	· · · · · · · · · · · · · · · · · · ·	Auxiliary Equipment				327					
			Swung at		Personnel BRAND		AND JOSI	Н			_			
	Perforated for		ft. to		Auxiliary Tools						_			
					Plugging or Sealing A	Materials:	Туре							
Open Hole	Size	T.D.	ft. P.	B. toft.					Gals.		lb.			
Company	Representative		KELSC)	Treater			BRAND	ON					
TIME	PRES	SURES				-								
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			R	EMARKS							
12:00				ON LOCATION										
				PUMP 10 SKS OF	GEL AND 50	SKS 6	0/40 4	% AT 710'			-			
				PUMP 50 SKS 60	740 4% AT 5	05'								
				TOTAL SO GIVE SO	, 10 1,0,11					7				
				CIRCULATE CEM	ENT TO SURE	ACF F	ROM 4	n' W/ 20 S	KS 60/40	4%				
				0.11.001.7112 02171	2			0 11, 200						
				THANKS										
				BRANDON										
		•		BRANDON										