

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

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 #:			AP	No. 15						
				ot Description:						
Address 1:			_	Sec	Twp S. R	East West				
				Feet from North / South Line of Section						
City:	State:	Zip:+_	_	Feet from East / West Line of Section						
Contact Person:			Foo	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()				NE NW SE SW						
Type of Well: (Check one)	Oil Well Gas We	II OG D&A Ca	thodic	intv:						
Water Supply Well	Other:	SWD Permit #:		County: Well #:						
ENHR Permit #:	Ga	s Storage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	No If not, i	s well log attached? Yes		The plugging proposal was approved on:(Date)						
Producing Formation(s): Lis	t All (If needed attach ar	nother sheet)		by: (KCC District Agent's Name)						
Depth	to Top:	Bottom: T.D		Plugging Commenced:						
Depth	to Top:	Bottom: T.D								
Depth	to Top:	Bottom:T.D		gging Completed:						
Show depth and thickness of	of all water, oil and gas	formations.								
Oil, Gas or Wa	ter Records		Casing Recor	d (Surface, Conductor & Pro	duction)					
Formation	Content	Casing	Size	Setting Depth Pulled Out						
		plugged, indicating where the ter of same depth placed from								
Plugging Contractor License #:										
Address 1:			Address 2:							
City:	Sta	te:	Zip:	+						
Phone: ()										
Name of Party Responsible	for Plugging Fees:									
State of	Cou	inty,	, S	S.						
		·	,	Employee of Operator	On Oneroter and	above-described well,				
(Print Name)				_ Employee of Operator (or Operator on a	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 &	Cement 🛎									,	Acid Stage No).	
Date 10/	/24/2014 District	t G.B.	F.O. N	o. 42798	- 1	rpe Treatment:	Amt.	Bbl./Gal.	Туре	Fluid	Sand Size	Pound	s of Sand
Company L	D Drilling							Bbl./Gal.					
Well Name 8	δ No. Meireis #1							Bbl./Gal.					
ocation	W	Fi	eld					Bbl./Gal.					
County _		51	ate KS		FI	ush		Bbl./Gal.					
		***				reated from			ft. to		ft.	No. ft.	0
Casing:	Size 5 1/2	Type & Wt.		Set at	ft.	from			ft. to		ft.	No. ft.	0
ormation:			Perf.	to		from			ft. to		ft.	No. ft.	0
ormation:			Perf.	to	A	tual Volume of C	oil / Water	to Load Ho	le:				Bbl./Gal.
ormation:			Perf.	to									
iner: Size	Type & Wt.	Top at	ft.	Bottom at	ft. Pe	ımp Trucks.	No. Used:	Std.	320	Sp		_ Twin	
Ce	mented: Yes 🔻	Perforated from		ft. to	ft. A	uxiliary Equipmen	nt						
Tubing: Si	ize & Wt.	Sv	vung at		ft. Po	ersonnel Natha	n Greg J	ordan Sc	ott				
	Perforated from		ft. to		ft, A	uxiliary Tools							
					PI	ugging or Sealing	Materials:	Туре					
Open Hole Si	ize	T.D	ft. P.	B. to	ft.						Gals.		lb
Company Re	presentative		Mike Ke	lso		Treater				Nathan W.	,		
TIME	PRESSURE	S Total	Eluid Dumnad					REMARKS					

Company Representative		Mike Ke	SO Treater	Nathan W.					
TIME			Total Fluid Pumped	REMARKS					
a.m./p.m.	Tubing	Casing							
10:30				On Location					
					<u></u>				
				Pump 10 sks of gel and 50 sks of 60/40	4% gel at 700'				
				*					
				Pump 50 sks of 60/40 4% gel at 500'					
				*					
				Pump 30 sks of 60/40 4% at 40'					

12:30				Job Complete					
				Thank You!					