

Employee of Operator or Operator on above-described well,

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

Name of Party Responsible for Plugging Fees: ____

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:				API No. 15 -				
Name:				Spot Description:				
Address 1:				Sec Tv	wp 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	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()				NE NW SE SW				
Type of Well: (Check one)	OG D&A Cathodic	County:	County:					
Water Supply Well C	Other:	SWD Permit #:	1 '	Lease Name: 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)		by:(KCC District Agent's Name)				
Depth to	Top: Botton	m: T.D	Plugging (Plugging Commenced:				
Depth to	Top: Botton	m: T.D	""	Plugging Completed:				
Depth to	Top: Botton	m:T.D	— Flugging C	Sompleted.				
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us			•		ds used in introducing it into the hole. If			
Plugging Contractor License #	f:		Name:					
Address 1:		ddress 2:						

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.

____ County, _______, , ss.

(Print Name)



TREATMENT REPORT

Acid d	& Cement							Acid Stage No.			
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	s of Sand	
Date 10	n/22/2014 b	istrict	F.O. N	10. <u>42</u> 410	Bkdown		- Type Hald				
	LD DRILLING										
	& No. MEZGER	R #2									
Location			Field		1	Bbl./Gal.					
County	PRATT		State KS		Flush	Bbl./Gal.					
-					Treated from		ft. to	ft.	No. ft.	0	
Casing: Size 5 1/2 Type & Wt. Set at ft.								No. ft.	0		
Formation: Perf. to				from		ft. to		No. ft.	0		
The state of the s				Actual Volume of Oil	l / Water to Load Ho	Je:			Bbl./Gaf.		
Formation: Perf. to						- iiwa		-			
	re Type &	Wt.	Top at ft.	Bottom atft.	Pump Trucks. N	o. Used: Std.	318 Sp.		Twin		
								327	_		
			Swung at		. Auxillary Equipment 327 . Personnel BRANDON JOE AND JOSH						
_	Perforated fr		ft. to		. Auxiliary Tools						
					Plugging or Sealing N	Materials: Type					
Open Hole	Size	T.D.	ft. P.	.B. toft.				Gals.		lb.	
Company	Representative		KELSO)	Treater		BRAND	ON			
TIME	-1	SURES									
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS					
9:00				ON LOCATION							
				PUMP 10 SKS OF	GEL AND 50	SKS 60/40	4% AT 705'				
			-	PUMP 50 SKS 60	/40 4% AT 5	10'					
				CIRCULATE CEM	ENT TO SURE	FACE FROM	40' W/ 20 5	SKS 60/40	4%		
				ON COLF COLF							
-				THANKS							
				BRANDON							
				BRAINDOIN							
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