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

1231937

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:	
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 #: Is ACO-1 filed? Yes No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Uell #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plug

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:		Address 2:							
City:		State:	Zip:	+					
Phone: ()									
Name of Party Responsible for Plu	ugging Fees:								
State of	County,	, SS.							
	(Print Name)		tor or Operator on ab						
		statements, and matters harain contained, and the							

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

Acid & Cement

TREATMENT REPORT

ACIO	& Cement								Acid Stage No). 	
					Type Treatment:	Amt.		Type Fluid	Sand Size	Pound	is of Sand
Date 1	0/27/2014 n	listrict	F.O. N	lo. 42414	Bkdown			1,000,000			
	LD DRILLING										
	e & No. MEZGEI	۲ ¥۱			1						
			Field		1		Bbi./Gal.				
	PRATT		State KS		Flush						
					Treated from			ft. to	ft.	No. ft.	0
Casing:	Size 5 1/2	Type & Wt.		Set atft.				ft. to		No. ft.	0
Formation	:		Perf.	to	from			ft. to		No. ft.	0
Formation					Actual Volume of O)il / Water t					Bbl./Gal.
Formation				to					/		
	ize Type &	Wt.	Top at ft.	Bottom atft.	Pump Trucks.	No. Used:	Std.	318 Sp.		Twin	
			· · · · · · · · · · · · · · · · · · ·		Auxillary Equipmen				327		
					Personnel BRAN		AND SC	соπ			_
		-	ft. to		Auxiliary Tools					_	_
Colonia and Coloni					Plugging or Sealing	Materials:	Туре				
Open Hole	Size	T,D.	ft, P;						Gals.		lb.
and the second second											
Company	Representative		KELSC)	Treater			BRAND	ON		
TIME		SURES									ngnenine er
a.m./p.m.	Tubing	Casing	Total Fluid Pumped				REMARKS				
1:00				ON LOCATION							
				PUMP 10 SKS GE	EL AND 50 SI	KS 60/4	40 4%	AT 708'			
				PUMP 50 SKS 60)/40 4% AT 5	510'					
				CIRCULATE CEM	ENT TO SUR	FACE	ROM	40' W/ 20 3	SKS 60/40	4%	
				THANKS							
				BRANDON							
				Bioliticolit							
		the second s									
					and the second designed designed						