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

1231938

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:	Sec Twp 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 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 #: SWD Permit #: SWD Permit #: 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 #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom: T.D	

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:	
Address 1:		Address 2:	
City:		State:	Zip: +
Phone: ()			
Name of Party Responsible for Plugging	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugar an asthe says. The	at I have knowledge of the feater	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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

Acid & Cement 🙈						Acid Stage N	o.	
Date 10/16/2014 District G.B.	F.O. No. 42790		Type Treatment: Amt. Bkdown	8bl./Gal.	Type Fluid	Sand Size	Poun	ds of Sand
Company LD Drilling				- Bbl./Gal.				
Well Name & No. Moore #1		-		Bbl./Gal.				
Location	Field	_		Bbl./Gal.				
County Pratt	State KS		Flush	Bbl./Gal.				
			Treated from		ft. to	ft.	No. ft.	0
Casing: Size <u>4 1/2</u> Type & Wt.	Set at	ft.	from		ft⊨to	ft.	No. ft.	0
Formation:	Perf to		from		ft. to	ft.	No. ft.	0
Formation:	Perfto		Actual Volume of Oil / Water	to Load Ho	ole:			Bbl./Gal.
Formation:	Perfto					10001		
Liner: SizeType & WtTe	op atft. Bottom at	ft.	Pump Trucks. No. Used:	Std.	320 Sp.		Twin	
Cemented: Yes 💌 Perforated from	ft. to	ft.	Auxiliary Equipment			327		
Tubing: Size & Wt.	Swung at	ft.	Personnel Nathan Greg J	ordan So	ott			
Perforated from	ft. to	ft.	Auxiliary Tools					_
			Plugging or Sealing Materials	: Туре				
Open Hole Size T.D	ft. P.B. to	ft.				Gals.		lb.

TIBAC	Darce		Ĭ	Treater Nathan W.					
TIME PRESSURES		Total Fluid Pumped	REMARKS						
12:00				On Location					
				Pump 10 sks of gel and 40 sks of 60/40 4% gel at 710'					
				Pump 50 sks of 60/40 4% gel at 500'					
				Pump 20 sks of 60/40 4% gel at 40'					
				Pump 20 SkS 01 00/40 4% get at 40					
4:45				Job Complete					
				Thank You!					
				3.					