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

1231940

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:	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 #: Image: Comparison of the comparison of th	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (<i>Date</i>) by: (<i>KCC District Agent's Name</i>) Plugging Commenced:
Depth to Top: Bottom: T.D	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	Formation Content		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 sugars an eath source. The	at I have knowledge of the factor	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 No). <u> </u>	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	s of Sand
Date 10	0/21/2014 p	District	F.O. N	lo. 42409	Bkdown					
	LD DRILLING				1					
	& No. STANTO	N #1			1					
			Field		1					
County			State KS		Flush					
					Treated from		t. to		No. ft.	0
Casing:	Size 5 1/2	Type & Wt.		Set atft.					No. ft	0
Formation	:		Perf,	to	from		t. to		No. ft.	0
Formation			Perf.		Actual Volume of Oi	I / Water to Load Hol				Bbl./Gal.
Formation			Perf.		1					
	7e Tvne&	Wt.	Tonat ft.	Bottom atft.	Pump Trucks. N	ło. Used: Std.	318 Sp.		Twin	
					Auxiliary Equipment			327		
				ft.	Personnel BRAND					
			ft, to		Awiliary Tools					
			- HALLMANN		Plugging or Sealing I	Materials: Type				
Open Hole	Size	T.D.	ft, P.			8 2		Gals		lb.
Company	Representative		KELSC)	Treater		BRAND	ON		
TIME		SURES	I							
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS				
1:00				ON LOCATION						
				PUMP 10 SKS GE	EL AND 50 SK	(S 60/40 4%	AT 700'			
				PUMP 50 SKS 60	/40 4% AT 5	00'				
				CIRCULATE CEM	ENT TO SUR	FACE FROM	40' W/ 20 S	SKS		
							1			
				THANKS						
				BRANDON						
				DIVIDOI			****			
			L							
									_	