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** 

1231941

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 #:  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)  Depth to Top:  Bottom:  T.D.	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:

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 Se		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 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 Stage No.
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		Ĩ	Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ls of Sand
Date 10/16/2014 District G.B.	F.O. No. 42789		Bkdown	Bbl./Gal.				
Company L D Drilling				Bbi./Gal.				
Well Name & No. Young #1				Bbl./Gal.			_	
Location	Field			Bbl./Gal.	ù			
County Pratt	State KS		Flush	Bbl./Gal.		_		
			Treated from		ft. to	ft.	No. ft.	0
Casing: Size 51/2 Type & Wt.	Set at	ft.	from		ft. to	ft.	No. ft.	0
Formation:	Perfto		from		ft. to	ft.	No. ft.	0
Formation:	Perfto		Actual Volume of Oil /	Water to Load Ho	ole:			Bbl./Gal.
Formation:	Perf. to							
Liner: Size Type & Wt.	Top at ft. Bottom at	ft.	Pump Trucks. No.	Used: Std.	320 Sp.		Twin	
Cemented: Yes <b>v</b> Perforated fro	omft. to	ft.	Auxiliary Equipment			327		
Tubing: Size & Wt.	Swung at	ft.	Personnel Nathan G	Greg Jordan So	ott			_
Perforated from	ft. to	ft.	Auxiliary Tools					
			Plugging or Sealing Ma	iterials: Type				
Open Hole Size T.D	ft. P.B. to	ft.				Gals		lb.

Company Re	presentative		Mike Ke	elso Treater Nathan W.		
TIME PRESSURES a.m./p.m. Tubing Casing		Total Fluid Pumped	REMARKS			
		Casing				
8:00				On Location		
				Pump 10 sks of gel and 40 sks of 60/40 4% gel at 700'		
				During 50 sty of 60 /40 49/ and of 520		
		<b> </b>		Pump 50 sks of 60/40 4% gel at 520		
	0			Pump 20 sks of 60/40 4% gel at 40'		
				Pullip 20 sks of 00/40 4% get at 40		
10:00				Job Complete		
10.00			-			
				Thank You!		
			-			