

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

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

60 days from plugging date.	WELL PLUGGING RECORD K.A.R. 82-3-117		
OPERATOR: License #:		API No. 15	
Name:		Spot Description:	

OPERATOR: License #: _			API No.	15				
Name:				Spot Description:				
Address 1:								
Address 2:				Feet from	n North /	South Line of Section		
City:	State:	Zip: +		Feet from	n East /	West Line of Section		
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )				NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Wel	I OG D&A Cath	odic County:					
Water Supply Well	Other:	SWD Permit #:	'	County: Well #:				
ENHR Permit #:	Ga	s Storage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is	s well log attached? Yes	1 1					
Producing Formation(s): L	ist All (If needed attach an	other sheet)	by:					
Dept	th to Top:	Bottom: T.D	Plugging	r Commenced:				
Dept	th to Top:	Bottom: T.D	""					
Dept	th to Top:	Bottom: T.D		g Completed				
Show depth and thickness	of all water, oil and gas	formations.						
Oil, Gas or W	ater Records		Casing Record (Su	urface, Conductor & Pro	duction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
cement or other plugs wer	e used, state the charact	er of same depth placed from (l	bottom), to (top) for ea	ich plug set.				
Plugging Contractor License #:			Name:					
Address 1: A			Address 2:					
City:			State:		Zip:	+		
Phone: ( )								
Name of Party Responsibl	e for Plugging Fees:							
State of	Cou	nty,	, SS.					
				mployee of Operator of	or Operator on	above-described well,		
	(Print Nan			, .,				

Submitted Electronically

the same are true and correct, so help me God.

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



## TREATMENT REPORT

Acid	& Cemen	t 🕰						Acid Stage No		
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ls of Sand
Date 1	0/29.30/14 r	District	F.O. N	No. 42417	Bkdown					
-	SCHECK OIL									
	e & No. NEWFE	 LD #6			1					
			Field							
	HARVEY		State KS		Flush					
					Treated from		ft. to		No. ft.	0
Casing:	Size 5 1/2	Type & Wt		Set atft.					No. ft.	0
Formation			Perf.		from		ft. to		No. ft.	0
			Perf.		Actual Volume of O	II / Water to Load F				Bbl./Gal.
Formation					Actual Volume of C	117 ***********************************				
Formation	:		Perf.		Touris A	No Nood, Std	210 cm		Twin	
							318 Sp	327	- ' '	
			om		Auxiliary Equipment					
lubing:	Perforated fi		Swung at		Auxiliary Tools					-0
	Periorated II	Om	ft. to							
			<i>.</i> -			Materials: Type		Gals.		lb.
Open Hole	Size	T.D	ft. P.	B. toft.				Gais.		
_			VELCO.		Treater		BRAND	ON		
	Representative	41556	KELSC		Treater		BNAND			-
TIME		SURES	Total Fluid Pumped			REMARK	S			
a.m./p.m.	The state of the s	Casing		ON LOCATION						
11:00	29-Oct			ON LOCATION						
				DUINAD 200 CVC C	O/40 40/ AT	FEO! DID!	NOT CIPCLIL	ATC	-	
				PUMP 300 SKS 6		י טוט . טככ	VOT CIRCULA	416		
				SHUT DOWN TIL	MORNING					-
				·						
9:00	30-Oct			ON LOCATION						
				TAG CEMENT AT	715' W/ SA	ND LINE				
				CIRCULATE CEM	ENT TO SUR	FACE OUT !	5 1/2 AND SU	JRFACE W	ITH 19	50 SKS
				COMMON W/ 39	% CAL CHLO	RIDE				
				TOP OFF W/ 10 S	SKS COMMC	N 3% CC				
				THANKS						
				BRANDON						
				DIWIND OIL						