

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

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

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

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			/	API No.	15												
Name:				Spot Description:													
Address 1:			-		Sec T	wp S. R East West											
Address 2: State: Zip: + Contact Person:					Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:												
											Phone: ()					NE NW	SE SW
											Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic ,	0 4		
Water Supply Well			- '	County: Well #:													
	rage Permit #:	Ι,	Lease Mairie.														
Is ACO-1 filed? Yes	_	I log attached? Yes	¬ '	Date Well Completed:													
Producing Formation(s): List A			_			(KCC District Agent's Name)											
Depth to		om: T.D				,											
Depth to		om: T.D															
Depth to		om: T.D		Pluggin	g Completed:												
·																	
Show depth and thickness of	all water, oil and gas form	ations.	-														
Oil, Gas or Water	r Records		Casing Red	asing Record (Surface, Conductor & Production)													
Formation	Content	Casing	Size		Setting Depth	Pulled Out											
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top	o) for ea	ach plug set.												
Plugging Contractor License #:																	
Address 1:			Address 2:														
City:			8	State: _		Zip:+											
Phone: ()																	
Name of Party Responsible for	or Plugging Fees:																
State of	County, _			, ss.													
	•				mnlovee of Operator or	Operator on above-described well,											
	(Print Name)				ployee of Operator of	Operator our above-described well,											

Submitted Electronically

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	& Cemer	it A						Acid Stage N	0			
					Type Treatment: Ar	mt.	Type Fluid	Sand Size	Pounds	s of Sand		
Date 11/20/2014 District F.O. No. 42280 Company LASSO ENERGY Well Name & No. BEARDEN TRUST 1-17H Location Field County COMANCHE State KS					Bkdown	Bbl./Gal.						
						Bbl./Gal.						
						Bbl./Gal.						
						Bbl./Gal.						
					Flush	Bbl./Gal.						
					Treated from		ft. to	ft.	No. ft.	0		
Casing:	Casing: Size Type & Wt Set atft.				from		ft. to	ft.	No. ft	0		
Formation	:		Perf.	to	fromft. toft. No. ft0							
Formation: Perf. to					Actual Volume of Oil / Water to Load Hole: Bbl./Ga							
Formation	:		Perf.	to								
liner: Si	туре	& Wt	Top at ft.	Bottom atft.	Pump Trucks. No. Us	sed: Std.	318 Sp.		_ Twin			
	Cemented:	Perforated :	from	ft. toft.	. Auxiliary Equipment 317-310							
Tubing:			Swung at	ft.	Personnel BRANDON	JOE AND SC	OTT					
	Perforated	from	ft. to	ft.	Auxiliary Tools							
					Plugging or Sealing Mater	rials: Type						
Open Hole	Size	T.D	ft. P	.B. toft.				Gals	i	Ib.		
Company (Representative		MATT		Treater		BRAND	ON				
TIME	PRE	SSURES	Total Fluid Pumped			REMARKS						
a.m./p.m.	Tubing	Casing										
9:30				ON LOCATION								
				RUN 2" PVC TO 9	90' AND FILL UP	SURFAC	E PIPE W/	150 SKS 6	0/40 49	%		
				RUN 30' 2" PVC I	N RAT HOLE A	ND PUMP	25 SKS AN	D CIRCUI	ATED T	0		
				SURFACE								
			4									
				THANKS								
				BRANDON								
						•						
700												
100												
							TO BE SEED OF					
		M. Barrier										
							The state of the s					