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

1233931

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:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
Formation	ation 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:	Name:					
Address 1:		Address 2:	ss 2:					
City:		State:	Zip:	+				
Phone: ()								
Name of Party Responsible for Plu	ugging Fees:							
State of	County,	, SS.						
	(Print Name)		tor or Operator on ab					
		statements, and matters harain contained, and the						

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		
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	s of Sand
Date 11/13/2014 District F.O. No. 42275				Bkdown						
	DAVIS PETRO				1					
	e & No. HALLMA					Bbi./Gal.				
Location Field										
County STAFFORD State KS			Flush	Bbl./Gal.						
		54							No. ft.	0
Casing:	Size 51/2	Type & Wt.		Set atft.			ft. to		No. ft.	0
Formation				to	from		ft. to		No. ft.	0
Formation			Perf.		Actual Volume of Oil / Water to Load Hole: Bbl./Gal.					
Formation				to						
		Wt			Pump Trucks	No. Used: Std.	318 Sp.		Twin	
					Pump Trucks. No. Used: Std. <u>318</u> Sp. Twin Auxiliary Equipment <u>327</u>					
			Swung at			DON JOE AND SO	and the second se			
			ft. to		Auxiliary Tools					7 0
-					Plugging or Sealing	Materials: Type				
Open Hole	Size	T.D.	ft. P.					Gals.		lb.
										Concerning Street of
Company	Representative		KELSC)	Treater		BRAND	ON		
TIME		SURES								
a.m./p.m.		Casing	- Total Fluid Pumped			REMARKS				
11:00				ON LOCATION						
									~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
				PUMP 200 SKS 6	0/40 4% DC	WN CASING	AND DID N	IOT CIRCU	LATE	
				CEMENT.						
			1							
				GO TO GREAT BE		AD MORE C	EMENT AN	D PUMP 4	O SKS	
				60/40 4% DOWN			and the second se			
				TOP OFF W/ 10 5				141 001 0	toni to.	
					31(3)					
				THANK						
				THANKS						
				BRANDON						
	·									
Line management of	The second second		25.0							