

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	API No. 15					
				Spot Description:					
Address 1:				Sec Twp S. R East Wes					
Address 2:				Feet from North / South Line of Section					
City:	State:	Zip:+		Feet from East / West Line of Section					
Contact Person:			Footag	Footages Calculated from Nearest Outside Section Corner:					
Phone: ( )				NE NW	SE SW				
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County	County:					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:					
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:  The plugging proposal was approved on:					
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	1						
Producing Formation(s): List	All (If needed attach another	r sheet)			(KCC <b>District</b> Agent's Name)				
Depth to	o Top: Botto	om: T.D							
Depth to	o Top: Botto	om: T.D		Plugging Commenced:  Plugging Completed:					
Depth to	o Top: Botto	om:T.D	Fluggii	ng Completed					
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Wate	r Records		Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
zement of other plags were u	seu, state the character of	same depth placed from (bot	itorii), to (top) for e	zacii piug set.					
				lame:					
Address 1:			Address 2:						
•					Zip:+				
Phone: ( )									
Name of Party Responsible for	or Plugging Fees:								
State of	County, _		, SS.						
	(Drint Nome)			Employee of Operator or	Operator on 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 Stage No.

				i i	·						
					Type Treatment:			Sand Size	Pounds	s of Sand	
		istrict	F.O. N	o. <u>42422</u>	Bkdown						
**	LD DRILLING										
Well Name	& No. CANFIEL										
Location _			Field								
County 1	BARTON		State KS		Flush						
,					Treated from					0	
Casing:	Size 5 1/2	Type & Wt.		Set atft.	from		ft. to		No. ft.		
Formation: Perf. to				from ft. to ft. No. ft. 0							
Formation: Perf. to			to	Actual Volume of Oil / Water to Load Hole: Bbl./Gal							
Formation:			Perf.								
	e Type &	Wt.	Top at ft.	Bottom at ft.	Pump Trucks. No	o. Used: Std.	318 Sp.		Twin		
			om		Auxiliary Equipment			7-310			
			Swung at		Personnel BRAND					310	
	Perforated fr		ft, to		ft. Auxiliary Tools						
-	, criorated fi				Plugging or Sealing N	Aaterials: Tune					
		7.0	4 0			nateriois. Type	-	Gals.		lb.	
Open Hole	Size	T.D	π. ν.	B. toft.							
							DAND	ON			
Company R	tepresentative	*****	KELSO		Treater		BRAND	אוכ			
TIME	PRES	SURES	Total Fluid Pumped			REMARKS	:				
a.m./p.m.	Tubing										
8:30				ON LOCATION							
				PUMP 90 SKS 60	)/40 4% W/ 1	.50# HULLS	AT 1755'				
				CIRCULATE CEM	ENT TO SURI	<b>FACE FROM</b>	800' OUT 5	1/2 W/ 1	100 SK	S AND	
				OUT SURFACE W							
				TOP OFF W/ 10	CKC		1				
				TOP OFF W/ 10	21/2						
				THANKS							
	***************************************			BRANDON							
		1									
		-									
		<del></del>									
		-									