

Employee of Operator or Operator on above-described well,

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

1238418

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

WELL PLUGGING RECORD

API No. 15 - _____ OPERATOR: License #: Spot Description: _-__- Sec. ___ Twp. ___ S. R. ___ East West Address 1: ___ Feet from North / South Line of Section Address 2: ___ _____ 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 County: ____ Water Supply Well Other: SWD Permit #:_ Lease Name: ______ Well #:_____ ENHR Permit #: _____ Gas Storage Permit #: ____ Date Well Completed: ___ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: ____ Producing Formation(s): List All (If needed attach another sheet) _____(KCC **District** Agent's Name) _____ Depth to Top: _____ Bottom: _____ T.D. ___ Plugging Commenced:_____ ___ T.D. ___ _ Depth to Top: ___ Bottom: Plugging Completed:_____ ______ Depth to Top: ______ Bottom: _____ T.D. _____ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Formation Content Casing 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. _____ Name: ___ Plugging Contractor License #: ___ Name of Party Responsible for Plugging Fees: ____ _____ County, ______ , ss.

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.

(Print Name)



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

1718 **11657** A

PRESSURE PUMPING & WIRELINE

27 - 215 - 120

DATE TICKET NO.

JOB 12-	12-2014	DISTRICT Pretty	WELL 🔼	WELL I	PROD INJ	☐ WDW		DRDER NO.:						
CUSTOMER		rilling Fnc.	LEASE Shumway AA WELL NO. 3											
ADDRESS				COUNTY Berton STATE KS										
CITY		STATE	SERVICE CREW Darin, Hanson, Gibson											
AUTHORIZED E	BY						IPIA	A STATE OF THE STA						
EQUIPMEN1	T# HRS	EQUIPMENT#	EQL	PMENT# HRS TRUCK CALLED PATE										
27283	31/2						ARRIVED AT							
84981	31/2						// /ZPM 8/10							
19843	31/2					11/2		-12 PM 16300						
18888	31/2						FINISH OPER							
19862	31/2						RELEASED		12-		30			
	7/ -						MILES FROM	I STATION TO	WEL	42	1			
products, and/or su become a part of th	ipplies includes a	execute this contract as an Il of and only those terms and ut the written consent of an o	conditions app	pearing on	the front and ba	ck of this do	cument. No additi SIGNED: <i>Chry</i>	onal or substitut	e terms	and/or condition	ons shal			
ITEM/PRICE REF. NO.		MATERIAL, EQUIPMENT	AND SERVI	ICES US	UNIT	QUANTITY	UNIT PRI	CE	\$ AMOU	NT				
CP103	60140	P02			400	SIC	200			2,400	00			
CC102	Celluf	ISIC		110		46	50		- Hidu	185	00			
CC 200 CF 153 E 100	Cemen.					46	344			86	00			
CF 153	Wooden	Cemenz Plus,	85/811	1		ES	1	1 1 19 1		160	00			
E 100	Unit mil	esse Cherse -pick Esuff Prone Mil	ups , shell	10548 1	ess way	mi	45			202	50			
F101	Hesuy F.	= SUAPMENT MI	esse		194	mi	90			675	00			
E113	proposn,	- GNZ DUIK DOI	very ch	erses	, Portenme	Tobben	B87	4 100		967	50			
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TREATMENT REPORT

Customer L. D. Prillins						Lease No.							Date 12-12-2014						
Lease Shumway AA						Well # 3							1.	2-1	1-10	14			
Field Order # Station Prattile.												County	Bo	irtor).	Stat	1-3		
	CNUI	P	TH							mation				Legal De	escription	27.	215-12		
PIP	TING	NG DATA FLUID USED						TREATMENT RESUME											
Casing Size	Casing Size Tubing Size S		Shots/F	iots/Ft				Acid				RATE PRESS		SS	ISIP				
Depth 365				То		Pre Pad				Max				5 Min.					
Volume	ume Volume		То	o Pad			Min						10 Min.						
Max Press	ess Max Press From		То	Frac			Avg						15 Min.	15 Min.					
Well Connecti	Connection Annulus Vol. From		То	0			HHP Used			d			re						
Plug Depth	Packer D	epth	From		То		Flu	ısh			Gas Volun	ne			Total Load				
Customer Re	presentative			12		Station Manager Kevin Gord					2744	Treate	r D	Srin	Fran	KI.			
Service Units	27213	81	1981	158	43	1988	15	19862					~						
Driver Names	Denn		osh	Jos	h			Gibson											
Time	Casing Pressure		ubing essure		bls. Pumped			Rate				Service Log							
8:30pm								on tocstion/ssfery meeting											
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200		1	1		5		1661 water												
5.4																			
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