

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

1240595

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 #:			1	API No. 15						
Name:				Spot Description:						
Address 1:				•	·	wp 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 Neare	est Outside Section Corner:				
Phone: ()					NE NW	SE SW				
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:						
Water Supply Well	Other:	SWD Permit #:		-		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 well	I log attached? Yes	No							
Producing Formation(s): List A	All (If needed attach another	r sheet)		by:		(KCC District Agent's Name)				
Depth to	Top: Botto	om: T.D		Plugging (Commenced:					
Depth to	o Top: Botto	om: T.D		Plugging Commenced:						
Depth to	Top: Botto	om:T.D								
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Water	r Records		Casing R	ction)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If				
Plugging Contractor License #	# :		Name: _	Name:						
Address 1:			Address	2:						
City:				State:						
Phone: ()										
Name of Party Responsible fo	or Plugging Fees:									
State of	Countv			_ , SS.						
				ployee of Operator or	Operator on phase described					
			Em	ployee of Operator or	Operator on above-described well,					

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.



TREATMENT REPORT

O	~														
Customer Prott 1411 Service			Lea	Lease No.					Date						
Lease Bacco			Wel	1# /	No and d					12	11/1	4			
Field Order # Station Poat					(Casing 51/2	Depth	0100	County	K	own		State	5	
Type Job	a to 1	1 bana	lon		((5)	ow Fo	ormation				Legal De	scription Z S	29	17	
PIPE	ORATING D	ATA	TA FLUID USED				TREATMENT RESUME								
Casing Size	Tubing Size	ng Size Shots/Ft			Acid			RAT		PRESS		ISIP			
Depth 10(a)	Depth	From	то		Pre Pad			Max				5 Min.			
Volume 25,2780	Volume	From	То		Pad			Min			ŧ.	10 Min.			
Max Press	Max Press	From	То		Frac			Avg				15 Min.			
Well Connection	Annulus Vol	From	То					HHP Used			Annulus Pres			Šau ir il	
Plug Depth	Packer Dept	From			Flush			Gas Volu	Volume			Total Load			
Customer Repr	esentative /	rald	Inslee	Station	Manage	Kevin	6	ordle	Trea	ater <	50017	6	aues		
	38970	27463	19960	198	60										
Driver Names	rept1 5	Shuain	Ba	550	n					i de					
Time	Casing Pressure	Tubing Pressure	Bbls. Pumpe	ed	Ra	te		GULLEN IN		Serv	ice Log				
3:20					He tak	On	Lon	2-1101	1 5	afer	ly M	reling	4 D.	140	
3:40	6				. 3	5	Establish rate through Perts 10								
3:43	600		5		1,5	5 100	Loaded caring								
3:45		7				.5	hut	1 down							
			than the United		et et engl	permit a presing	F	151	Ply		10601				
5:40	300			+	2	Lo	ad	Well	61.7	41	120				
5.41	600		2		1.	7 2	MIX SOSKS 60140 POZ 13							.78x	
5:48	400		12.73		1.9	Pi	Displace coment								
5:58	0	reliate to seater t	19	1000	die in	5/	rut	dow	n	ar fedire	t no to the last	Children of the	- /		
7:10	200			-		1	5	ccord	1 -	luc	380	1/10	Suite 13. 7	218	
6:10	200		3000	+	3	- //	Miy.	110.	5/15	0	0140	P07	13. 7	18 000	
6.70	0		320			5	bul	(11)	MIL						
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