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

1242974

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	Content	Casing	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:		
Address 1:		Address 2:		
City:		State:	Zip:	+
Phone: ()				
Name of Party Responsible for Plug	gging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abo	
haing first duly sugars an asthe says	That I have be availed as a fith a factor	statements, and matters barain contained, and the l	on of the chour departhed	wall in an filed and

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

Acid & Cement

Open Hole Size

T.D.

ft. P.B. to

TREATMENT REPORT

Ÿ.

lb.

3

Gals.

Acid & Cement 🕮						Acid Stage N	J.	
Date <u>2/2/2015</u> District G.B.	F.O. No. C40918		Type Treatment: Al Bkdown	mt. Bbl./Gal.	Type Fluid	Sand Size	Pound	is of Sand
Company Mull Drilling	***************************************			Bbl./Gal.		*******		
Well Name & No. Brensing #3				Bbl./Gal.	******			*****
Location Fi	eid			8bl./Gal.	*****			
County Kiowa St	ate KS		Flush	Bbl./Gal.			*******	
			Treated from		ft. to	ft.	No. ft.	0
Casing: Size 4.5" Type & Wt.	Set at	ft.	from		ft. to	ft.	No. ft.	0
Formation:	Perf. to		from	a a construction of the second second second	ft. to	ft.	No. ft.	0
Formation:	Perf. to		Actual Volume of Oil / Wi	ater to Load Ho	ole:		*****	Bbl./Gal.
Formation:	Perf. to							
Liner: SizeTop at	ft. Bottom at	ft.	Pump Trucks. No. Us	ed: Std.	320 Sp.		Twin	
Cemented: Yes 💌 Perforated from	ft. ' to	ft.	Auxiliary Equipment			327	nis assaries	
Tubing: Size & Wt Sw	rung at	ft.	Personnel Nathan Gre	eg Scott		-900 (California California California) (California) (California)		
Perforated from	ft. to	ft.	Auxiliary Tools					
			Plugging or Sealing Mater	ials: Type				

ft.

Company	Representative		Kelso	Treater Nathan W.					
TIME PRESSURES		Total Fluid Pumped							
a.m./p.m.	Tubing	Casing	1. starring to appear	REMARKS					
9:00	an a	4.5"		On Location.					
				Mix 15sks gel and 50sks 60/40poz 4%gel at 1325'					
				Mix 50sks at 440'					
11:30				Mix 20sks at 40' Circulated cement to surface.					
			1						
	******	<u></u>	-						
			· · · · · ·	Thank You!					
	*****	<u> </u>							
				Nathan W.					
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