

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

WELL PLUGGING RECORD K.A.R. 82-3-117

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

OPERATOR: License #:				API No. 1	5					
Name:					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 Sectio						
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 Cathod	dic	County						
Water Supply Well	Other:	SWD Permit #:		County: Well #: Date Well Completed: (Date The plugging proposal was approved on: (Date The Plugging proposal was approved on						
ENHR Permit #:		orage Permit #:								
Is ACO-1 filed? Yes	No If not, is we	Il log attached? Yes	No							
Producing Formation(s): List	— All (If needed attach anothe	r sheet)				(KCC District Agent's Name				
Depth to	o Top: Botto	om: T.D		•						
Depth to	o Top: Botto	om: T.D		Plugging Commenced:						
Depth to	o Top: Botto	om:T.D		Plugging	Completed					
Show depth and thickness of	all water, oil and gas form	ations.								
Oil, Gas or Wate	er Records		Casing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cernent or other plugs were u	ised, state the character of	same depth placed from (bo	ittom), to	top) for each	n plug set.					
Plugging Contractor License #:				_ Name:						
Address 1:			Address	2:						
City:			State:							
Phone: ()				_						
Name of Party Responsible for	or Plugging Fees:									
State of	County,			, SS.						
				_	ployee of Operator or	r Operator on above-described well,				
					operate. c above decembed 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	& Cemen	it 图。							Acid Stage No).	
					Type Treatment:	Amt.	Ту	pe Fluid	Sand Size	Pound	s of Sand
Date 2/9/2015 District G.B. F.O. No. C40952				Bkdown							
-	Casino Petro										
Well Nam	e & No. Scheuf	ler #2									
Location Field					Bbi.	/Gal					
County Barton State KS					Flush	Bb1.	/Gal				
					Treated from		ft. to _		ft.	No. ft.	0
Casing:				Set atft.			ft. to _			No. ft.	0
Formation			Perf	to	from		ft. to _		ft.	No. ft.	0
Formation	1		Perf	to	Actual Volume of Oil	il / Water to Lo	ad Hole:				Bbl./Gal.
Formation			Perf.								
Liner: S					Pump Trucks. N	lo. Used: Std	. 320	Sp		Twin	
	Cemented: Yes	▼ Perforated fr	om	ft. to ft.	Auxiliary Equipment						
Tubing:	Size & Wt.	2.5"	Swung at	ft.	Personnel Nathan	n Greg Scot	t				•
	Perforated f	rom	ft. to	ft.	Auxiliary Tools						
					Plugging or Sealing N	Materials:	Туре				
Open Hole	Size	T.D	ft. P.				wa		Gals.		lb.
Company	Representative		Kelso		Treater			Nathan \	N		
TIME	PRES	SURES	Total Fluid Bonned			DEM	ADVE				
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			KEM	ARKS				
8:00	2.5"	5.5"		On Location.							
				Mix 80sks with 2	00# Hulls at	1148'					
				Mix 170sks with	300# Hulls a	t 600' C	irculated	cemer	nt to surf	ace ou	t
				casing and surface							
				8							
				Tie on 5.5" casin	g and mix 40)sks. Pre	essured u	in to 30	 O#		
10:00				Shut in with 100							
10.00				onde in with 200							
				Thank You!		*					
		 		THAIR TOU:							
				Nathan W.							
				INGUIGII VV.							