

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

1243273

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. 15	5			
Name:				Spot Desc	ription:			
Address 1:					Sec 7	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 Nearest 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 #:		Lease Name: Well #:				
ENHR Permit #:	Gas Sto	rage Permit #:			vveii #			
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	No				(Date)	
Producing Formation(s): List A	All (If needed attach another	sheet)					(KCC District Agent's Name)	
Depth to	o Top: Botto	m: T.D		•				
Depth to	o Top: Botto	m: T.D						
Depth to	o Top: Botto	m:T.D		Plugging C	completea:			
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Water	r Records		Casing I	Record (Surfa	ace, Conductor & Prod	uction)		
Formation	Content	Casing	Size	Setting Depth Pulled Out			t	
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) for each	n plug set.			
Plugging Contractor License #:			Name: _	me:				
Address 1:			Address	2:				
Dity:				State:		Zip:	+	
Phone: ()				-				
Name of Party Responsible for	or Plugging Fees:							
State of	County, _	County,		, ss.				
	·				ployee of Operator or	05	or on above-described well,	
	(Print Name)			_ <u></u> Em	pioyee of Operator of	Operato	n 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 & Cement		IKLATIVILI	AT KET OKT			Acid Stage	No.	
Date 12/16/2014 District	F.O. No. 423	0.00	Type Treatment: Amt. Bkdown		Type Fluid	Sand Siz	e Poun	ds of Sand
Company Grady Bolding			h- Balan -					
Well Name & No. Zimmer A-1				Bbl./Gal.				
Location	Field							
County Barton	State KS		Flush	Bbl./Gal.				
			Treated from			ft.	No. ft.	0
Casing: Size 4 1/2 Type & Wt.	Set a	at ft.			ft. to			0
Formation:	Perf. t	0			ft. to		No. ft.	0
Formation:	Perft	0	Actual Volume of Oil / Water	ole:			Bbl./Gal.	
	Perf. to	o						
Liner: Size Type & Wt. To	p at ft. Botton	mat ft.	Pump Trucks. No. Used:	Std.	320 Sp.		Twin	
Cemented: Yes Perforated from	ft. to	ft.	Auxiliary Equipment			327		
			Personnel Greg Jordan S	cott				
Perforated from	ft. to		Auxiliary Tools					
			Plugging or Sealing Materials	Type				
Open Hole Size T.D.	ft. P.B. to	ft.				Ga	ls.	lb.
	A dileg M			2-1		- 6		1,17
Company Representative	Mike K.		Treater		Gre	g C.		
TIME PRESSURES T	otal Fluid Pumped			REMARKS				
a.m./p.m. Tubing Casing								

TIME	PRESS	URES				
a.m./p.m.	Tubing	Casing	Total Fluid Pumped	REMARKS		
8:45			On Location			
		33. C. 12 1- 3-				
				Pumped 100 sks of 60/40 4% cement with 100# of hulls at 1400'		
				Pumped 50 sks of 60/40 4% cement with 100# of hulls 900'		
				Circulated 120 sks of 60/40 4% cement with 200# of hulls at 450		
10:30				Job Complete		
				Thank You!		
		55g_37/4				
		2777				
		100,2811				