

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

1250582

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 - | | | | | |
|---|-------------------------------|---------------------|---------------|---|-------------------------|---|--|--|--|--|
| Name: | | | | | Spot Description: | | | | | |
| Address 1: | | | _ | SecTwp 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: | | | Fo | Footages Calculated from Nearest Outside Section Corner: NE NW SE SW | | | | | | |
| Phone: () | | | | | | | | | | |
| Type of Well: (Check one) | Oil Well Gas Well | OG D&A Cathodi | ic C | ountv | r: | | | | | |
| Water Supply Well | Other: | SWD Permit #: | | Lease Name: Well #: | | | | | | |
| ENHR Permit #: | Gas Sto | rage Permit #: | | Date Well Completed: | | | | | | |
| Is ACO-1 filed? Yes | No If not, is well | l log attached? Yes | 1 | The plugging proposal was approved on: (Date) | | | | | | |
| Producing Formation(s): List A | All (If needed attach another | sheet) | by | r: | | (KCC District Agent's Name) | | | | |
| Depth to | Top: Botto | m: T.D | _{PI} | uaair | na Commenced: | | | | | |
| Depth to | Top: Botto | m: T.D | | Plugging Completed: | | | | | | |
| Depth to | Top: Botto | m:T.D | | 33 | 0 1 | | | | | |
| | | | | — | | | | | | |
| Show depth and thickness of | | ations. | | | | | | | | |
| Oil, Gas or Water | Records | | | Sasing Record (Surface, Conductor & Production) | | | | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Describe in detail the manner cement or other plugs were us | . 00 | | | | | ds used in introducing it into the hole. If | | | | |
| Plugging Contractor License #: | | | | ame: | | | | | | |
| Address 1: | | | Address 2: _ | | | | | | | |
| City: | St | ate: _ | | Zip:+ | | | | | | |
| Phone: () | | | | | | | | | | |
| Name of Party Responsible fo | r Plugging Fees: | | | | | | | | | |
| State of | | , | SS. | | | | | | | |
| (Print Nama) | | | | [| Employee of Operator or | Operator 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 (| ኔ Cement | | | | | | | Acid Stage No | · | | | | | | |
|--|---------------------------------|--------|--------------------|---------------|--|---------------|------------|---------------|--------|-------------|--|--|--|--|--|
| | 100 | | | | Luca Treatment: | Amt. | Type Fluid | Sand Size | Pound | ls of Sand | | | | | |
| 5.4. | 1/0/2015 6 | | t n A | la /11225 | Bkdown | | | | | .5 O1 OB114 | | | | | |
| | | | F.O. N | 10. 41223 | BROOWII | | | | | | | | | | |
| | L.D. DRILLING & No. Zink A-1 | | | | l — | | | | | | | | | | |
| | | | Field | | - | | | | | | | | | | |
| | County PRATT State KS | | | | | | | | | | | | | | |
| County | PRATI | | state KS | | Flush | | - | | | 0 | | | | | |
| | | | | | | | ft. to | | No. ft | | | | | | |
| Casing: Size 5 1/2 Type & Wt. Set at ft. | | | _ | | _ft. to | | No. ft. | | | | | | | | |
| Formation: Perfto | | | | from | | ft. to | ft. | No. ft. | 0 | | | | | | |
| Formation: Perf. to | | | | | Actual Volume of Oil / Water to Load Hole: Bbt./Gai. | | | | | | | | | | |
| Formation | | | Perf, | to | | | | | | | | | | | |
| Liner: Si | | | | | Pump Trucks. | No. Used: Std | 318 Sp. | | Twin _ | | | | | | |
| | | | | | Auxiliary Equipmer | nt | 3 | 60/308 | | | | | | | |
| | | | | | Personnel JOE & | SCOTT | | | | _ | | | | | |
| | Perforated fr | | ft. to | | Auxiliary Tools | | | | | | | | | | |
| - | | | | | Plugging or Sealing | | | | | | | | | | |
| Open Hole | Cizo | T.D. | ft. P. | .8. to ft. | | | | Gals. | | lb. | | | | | |
| Open note | JIEC | 1.5. | | | | | | | | 1.1.0.0) | | | | | |
| | | | Mike Ke | lea | Treater | | Joe | ۵ | | | | | | | |
| | Representative | | I WIIKE KE | 130 | | | ,,,, | | | | | | | | |
| TIME | | SURES | Total Fluid Pumped | | | REMARK | S | | | | | | | | |
| a.m./p.m. | Tubing | Casing | | ONLOCATION | | | | | | | | | | | |
| 10:30 | | | | ON LOCATION | | | | | | | | | | | |
| | | | | | | | / | | 201 | | | | | | |
| | | | | PUMPED 10 SKS | OF GEL ANI | D 50 SKS 60 | /40 4% CEN | IENT AT 70 | 00. | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | PUMPED 50 SKS | OF 60/40 4 | % CEMENT | AT 530' | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | PUMPED 35 SKS | OF 60/40 4 | % CEMENT | AT 40' | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 12.00 | | | | JOB COMPLETE | | | | | | | | | | | |
| 12:00 | | | | JOB COMM ELTE | | | | | | | | | | | |
| | | | | THANK YOU!! | | | | | | | | | | | |
| | | | | THANK TOUS | | | | | | | | | | | |
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