

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

1251490

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 EastWest Feet from North / South Line of Section						
Address 2:											
City:					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		- 55	0 1						
				—							
Show depth and thickness of		ations.									
Oil, Gas or Water	Records			Casing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
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	& Cemen	it 🕮						Acid Stage No						
					Type Treatment:	Amt.	Type Fluid	Sand Size	Poun	ds of Sand				
Date 5/1/2015 District F.O. No. 41213					Bkdown									
	CASINO PETE													
Well Nam	e & No. RICE													
Location Field														
County STAFFORD State KS					Flush Bbl./Gal									
					Treated from	ft.	to	ft.	No. ft.	0				
Casing:				Set at ft.	from	ft.	to	ft.	No. ft.	0				
Formation			Perf.	to	from	ft.	to	ft.	No. ft.	0				
Formation			Perf	to	Actual Volume of Oi	l / Water to Load Hole:	-			Bbl./Gal.				
Formation	:		Perf.	to										
	izeType 8	& Wt	Top atft.	Bottom atft.	Pump Trucks. N	lo. Used: Std3	20 Sp		Twin _					
					Auxiliary Equipment		36	0-310						
Tubing:					ft. Personnel BRANDON AND SCOTT									
	Perforated f	from	ft. to	ft.	Auxiliary Tools									
					Plugging or Sealing N	Materials: Type								
Open Hole	Size	T.D	ft. P	.B. toft.				Gals.		lb.				
C	Representative		SOUTHW	//ND	Treater		BRANDO	าผ						
TIME	_	SURES	30011111		Treater		DIVANDO	714						
a.m./p.m.		Casing	Total Fluid Pumped			REMARKS								
11:00				ON LOCATION										
11.00				011 20 07 111011										
				PUMP 50 SKS 60,	/40 4% AT 6	80'								
				7 0 1111 30 313 00	7-10-170711-01	-								
				PUMP 50 SKS 60,	/AD 4% AT 31	ΩΩ'								
				1 01411 30 313 00	740 470 71 30	00								
				CIRCULATE CEME	NT TO SLIPE	ACE EROM 60	אין אין אין	KC						
				CINCOLATE CEIVIL	141 10 3011	ACETROWO	7 447 20 3	113						
				PUMP 30 SKS IN	PAT HOLE									
				POWE 30 3K3 IN	NATITOLL									
				PUMP 20 SKS IN	MOLISE HOL									
		-		POIVIP 20 3K3 IIV	MOOSE HOL									
				THANKS										
				BRANDON										