

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

1251709

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:					Sec Twp S. R East Wes				
Address 2:					Feet from North / South Line of Section				
City:					Feet from East / West Line of Section				
				Footages Calculated from Nearest Outside Section Corner:					
Phone: ()				□ NE □ NW □ SE □ SW					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathoo	dic	County:					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:					
ENHR Permit #:	Gas S	Storage Permit #:		Date Well Completed:					
s ACO-1 filed? Yes	No If not, is v	vell log attached? Yes	No	The plugging proposal was approved on: (Date					
Producing Formation(s): List	All (If needed attach anot	her sheet)		by:(KCC District Agent's Name					
Depth t	to Top: Bo	ttom: T.D							
Depth t	to Top: Bo	ttom: T.D		Plugging Commenced: Plugging Completed:					
Depth t	to Top: Bo	ttom: T.D		riugging	Completed.				
Show depth and thickness of	all water, oil and gas for	mations.							
Oil, Gas or Wate	er Records		Casing R	g Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
ement or other plugs were u	used, state the character	of same depth placed from (bo	ttom), to (t	op) for ead	ch plug set.				
Plugging Contractor License #:									
Address 1:			Address 2	2:					
City:				State:		Zip:	+		
Phone: ()									
Name of Party Responsible f	or Plugging Fees:								
State of	County	у,		_ , SS.					
					mplayon of Onerster -	r Operator on abo	ovo docoribe d		
(Print Name)				Er	iipioyee oi Operator o	Operator on abo	ove-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	t 🕮						Acid Stage No). 		
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ds of Sand	
Date 4/14/2015 District F.O. No. 41206				Bkdown							
	LD DRILLING										
Well Nam	e & No. SAMUE	L #2				Bbl./Gal.					
Location			Field			Bbl./Gal.					
County	STAFFORD		State KS	/6	Flush						
					Treated from		to		No. ft.	0	
Casing: Size 5 1/2 Type & Wt. Set at ft.				from	ft.	to	ft.	No. ft.	0		
Formation: Perf. to				from		to		No. ft.	0		
				Actual Volume of Oif / Water to Load Hole: Bbl./Gal.							
Formation			Perf.								
Liner: Si					Pump Trucks. No.	. Used: Std. 3	18 Sp.		Twin		
					Auxiliary Equipment			0-310			
Tubing:	Size & Wt.		Swung at		: Personnel BRANDON JORDAN AND SCOTT						
	Perforated f	rom	ft. to	ft.	Auxiliary Tools						
					Plugging or Sealing Ma	aterials: Type					
Open Hole	Size	T.D.	ft. P	B. toft.				Gals.		łb.	
								-2			
Company	Representative		KELSO)	Treater		BRANDO	ON			
TIME	PRES	SURES	Total Fluid Pumped			REMARKS					
a.m./p.m.	Tubing	Casing									
1:00				ON LOCATION							
				PUMP 50 SKS CC	MMON AT 1	720'					
				PUMP 10 SKS GE	L AND 50 SKS	60/40 4% A	T 765'				
				PUMP 50 SKS 60	/40 4% GEL A	T 380'					
				CIRCULATE CEM	ENT TO SURFA	ACE FROM 4	0' W/ 20 S	KS			
				THANKS							
				BRANDON							
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