

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

1231711

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. 1	5			
				Spot Des	cription:			
Address 1:					Sec	Twp S. R	East West	
Address 2:				Feet from North / South Line of Section				
City:				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 Cathoo	dic	County				
Water Supply Well	Other:	SWD Permit #:		-				
ENHR Permit #:	Gas	Storage Permit #:		Lease Name: Well #: Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is	well log attached? Yes	No		•	proved on:		
Producing Formation(s): List	All (If needed attach and	other sheet)				(KCC Distr		
Depth	to Top: E	Sottom: T.D		•				
Depth	to Top: E	Bottom: T.D						
Depth	to Top: E	Sottom:T.D		Plugging	Completed:			
Show depth and thickness o	f all water, oil and gas f	ormations.						
Oil, Gas or Wate	er Records		Casing R	ecord (Sur	face, Conductor & Prod	luction)		
Formation	Content	Casing	Size	Setting Depth		Pulled Out		
		lugged, indicating where the muer of same depth placed from (bo						
Plugging Contractor License #:				me:				
Address 1:			Address	2:				
City:				State:		Zip:	_+	
Phone: ()								
Name of Party Responsible	for Plugging Fees:							
State of	Cour	nty,		_ , SS.				
					nployee of Operator o	r Operator on above	a-described well	
	(Print Nam			_ <u> </u>	inhioyee of Operator o	Delator on above	-uescribed 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



Date 4/23/2015 District __ Company LD DRILLING Well Name & No. SALVINO 1-19

BARTON

Cemented: Tubing: Size & Wt.

5 1/2 Type & Wt.

Perforated from

Type & Wt.

Perforated from

Location

County

Casing:

Formation:

Formation:

Formation:

Liner: Size

TREATMENT REPORT

F.O. No. 41209

Perf.

Set at

ft. Bottom at ___

ft. to

to

State KS

Perf.

Perf.

Swung at ft. to

Top at

					Acid Stage No.		
	Type Treatment: Amt.		Туре	: Fluid	Sand Size	Pound	is of Sand
	Bkdown	Bbl./Gal.					
		Bbl./Gal.					
		Bbl./Gal.					
		Bbl./Gal.					
	Flush	Bbl./Gal.					
	Treated from		ft. to		ft,	No. ft.	0
ft.	from		ft. to		ft.	No. ft.	0
	from		ft. to		ft	No. ft	0
	Actual Volume of Oil / Water to Load Hole:						
ft.	Pump Trucks. No. Used:	Std.	318	Sp		Twin	
ft.	Auxiliary Equipment 317-308						
fŧ	Personnel BRANDON SCOTT AND JORDAN						
٠							

Open Hole Si	ize	T.D.	ft. P.	Plugging or Sealing Materials: Type Gals Ib					
Company Re	presentative		KELSC						
TIME PRESSURES		Total Fluid Pumped	REMARKS						
a.m./p.m.	Tubing	Casing	Total Fidio Pumpeu						
9:00				ON LOCATION					
				PUMP 125 SKS 60/40 4% W/ 200# HULLS AT 1450'					
				PUMP 50 SKS 60/40 4% W/ 100# HULLS AT 950'					
				DUMAD FO CKS CO/40 40/ MI/ 100# HILLS AT GEO!					
			-	PUMP 50 SKS 60/40 4% W/ 100# HULLS AT 650'					
-				CIRCULATE CEMENT TO SURFACE FROM 350' W/ 120 SKS 60/40 4%					
			-	CINCOLATE CEIVIENT TO SONI ACE THOM 530 Wy 120 SKS 00/40 470					
-			-						
				THANKS					
				BRANDON					