Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1257283

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp 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 Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Records	Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size	Setting Depth	Pulled Out			

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _		Name:							
Address 1:		Address 2:							
City:		State:	Zip:	+					
Phone: ()									
Name of Party Responsible for P	lugging Fees:								
State of	County,	, SS.							
	(Print Name)		or or Operator on ab						
being first duly sworn on eath as	way That I have knowledge of the faste	statements, and mottors barain contained, and the	og of the chave describer	twoll in an filed and					

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 the same are true and correct, so help me God.

Submitted Electronically



1718 12414 A



№ 10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

PRESS	URE PUMPI	NG & WIRELINE		DATE TICKET NO							
DATE OF JOB 14-7/-	DI	STRICT PRAT	k								
CUSTOMER A			LEASE WOLF WELL NO.								
ADDRESS				COUNTY CHAIS STATE							
CITY		STATE		SERVICE CREW Sullion From, JAINES, SKNST							
AUTHORIZED BY					JOB TYPE: CORD P. F.M.						
EQUIPMENT#	EQUIPMENT# HRS EQUIPMENT# HRS				JIPMENT#	HRS	TRUCK CALLED				
					<u>.</u>		ARRIVED AT JOB				
	4						START OPERATION				
	$ \circ $						FINISH OPERATION				
19862	45		<u> </u>	~			RELEASED AM 4.15				
	+-+		<u> </u>				MILES FROM STATION TO WELL 100				

				(11222 01112		<u></u>	
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVIC	ES USED U	NIT	QUANTITY	UNIT PRICE	\$ AMOUNT	-
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rc 200	Cert Cec		15	638			0)
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					SUB TOTAL	13,207.	Oc
Cł	HEMICAL / ACID DATA:						L.,
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		MATERIALS			(ON \$		
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SERVICE REPRESENTAT		E MATERIAL AND SERVIC BY CUSTOMER AND REC	EIVE				
FIELD SERVICE		(W	ELL O	WNER OPERATI	OR CONTRACTOR O	R AGENT)	
					•		



TREATMENT REPORT

Customer HRTAL OL					Le	Lease No.						ate				
Lease UXKF						Well # /						04-21-15				
Field Order # Station PRN-T						Casing S 2					Co	unty EL	US		State	
Type Job	in		Popul						Formation	n			Legal De	scription	17	
PIPE	PERF	ING	NG DATA FLUID U			JSED TR			TREA	EATMENT RESUME						
Casing Size	Tubing Siz	e	Shots/F	t			Ac	Acid F				RATE PRESS ISIP				
Depth	Depth		From		То	-	Pre	e Pad	••••••	Max	(5 Min.		
Volume	Volume		From		то		Pa	d		Min				10 Min.		
Max Press	Max Press	;	From		То		Fra	ac		Avg				15 Min.		
Well Connection	Annulus V	ol.	From		То			·		HHF	^o Used			Annulus I	Pressure	
Plug Depth	Packer De	pth	From		То		Flu	ish		Gas	Volume	me Total Load			d	
Customer Repre	sentative			•		Station	1 Mar	nager	1 504		1	Freater	26.7	(. <i>[]</i> .		
Service Units	27900	79	282	867	29	702	53	210,0	19960	P	84 č		T			
Driver Names Se	1.53		ni.			C. K.	25/		Dr. A.	15						
	Casing Pressure		ubing essure	Bbls	. Pum	ped		Rate				Ser	vice Log		<u>.</u>	
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383