

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

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									
				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:			Footage	Footages Calculated from Nearest Outside Section Corner:									
Phone: ()				☐ NE ☐ NW ☐ SE ☐ SW									
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic County:										
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:									
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:									
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes	1	The plugging proposal was approved on: (Date)									
Producing Formation(s): List	t All (If needed attach anothe	r sheet)	by:		(KCC District Agent's Name)								
Depth	to Top: Botto	om: T.D											
Depth	to Top: Botto	om: T.D											
Depth	to Top: Botto	om:T.D		g Completed									
Show depth and thickness o	of all water, oil and gas form	ations.											
Oil, Gas or Wat	er Records		Casing Record (Su	rface, Conductor & Prod	uction)								
Formation	Content	Casing	Size	Setting Depth	Pulled Out								
rement or other plugs were	used, state the character of	same depth placed from (bot	torn), to (top) for ea	cn plug set.									
Address 1:			Address 2:										
City:			State:										
Phone: ()													
Name of Party Responsible	for Plugging Fees:												
State of	County,		, SS.										
			F	mplovee of Operator of	Operator on above-described well,								
	(Print Name)				operate. on above accombod 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

Customer, Nov. O. 1 & Ges, Inc.					L	Lease No.							Date						
					W	Well #						6 22.1015							
Field Order # Station Prays Irs						Casing 5				Dept	th County R			enc State Ks					
Type Job Cl	SPW	تر ا	MA						For	matio	n			Legal [Description	ⁿ 22	1.235 - K		
PIPE DATA PERFORATION						NG DATA FLUID USED						TREATMENT RESUME							
Casing Size	Tubing Si	zе	Shots/Ft			Acid		1		RATE PRE		SS ISIP							
Depth	Depthy 1/4	10	From	To		Pre Pad		Pad			Max				5 Min.				
Volume	Volume		From			Pad		ad			Min			10 Min.					
Max Press	Max Press	s	From	rom 1		Fra		rac			Avg			15 Min.					
Well Connection	Annulus V	/ol.	From		То	То					HHP Used			Annulus Press			ssure		
Plug Depth	Packer De		I From		То						Gas Volume		Total Load						
Customer Repre	esentative	KUI) +			Station	Mana	ger Kev	in C	501	dies	Trea	ter [9910	Fre	nEl			
Service Units	_			2052	O	7095													
Driver Names D	51.0	She	un	Show	7	SPEIN	·	PSIKS											
Time	Casing Pressure		ubing essure Bbls. F			ped	F	ate		Service Log									
8.30ns									00	10	Cstion	stion / Sslety meeting							
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