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

1259378

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:	
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 #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: 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 Plu	ugging Fees:						
State of	County,	, SS.					
	(Print Name)		tor or Operator on ab				
		statements, and matters harain contained, and the					

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



Wireline Services, Inc P.O. Box 87 HAYS, KS 67601-0087 (785) 623-3969

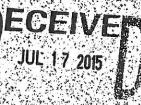
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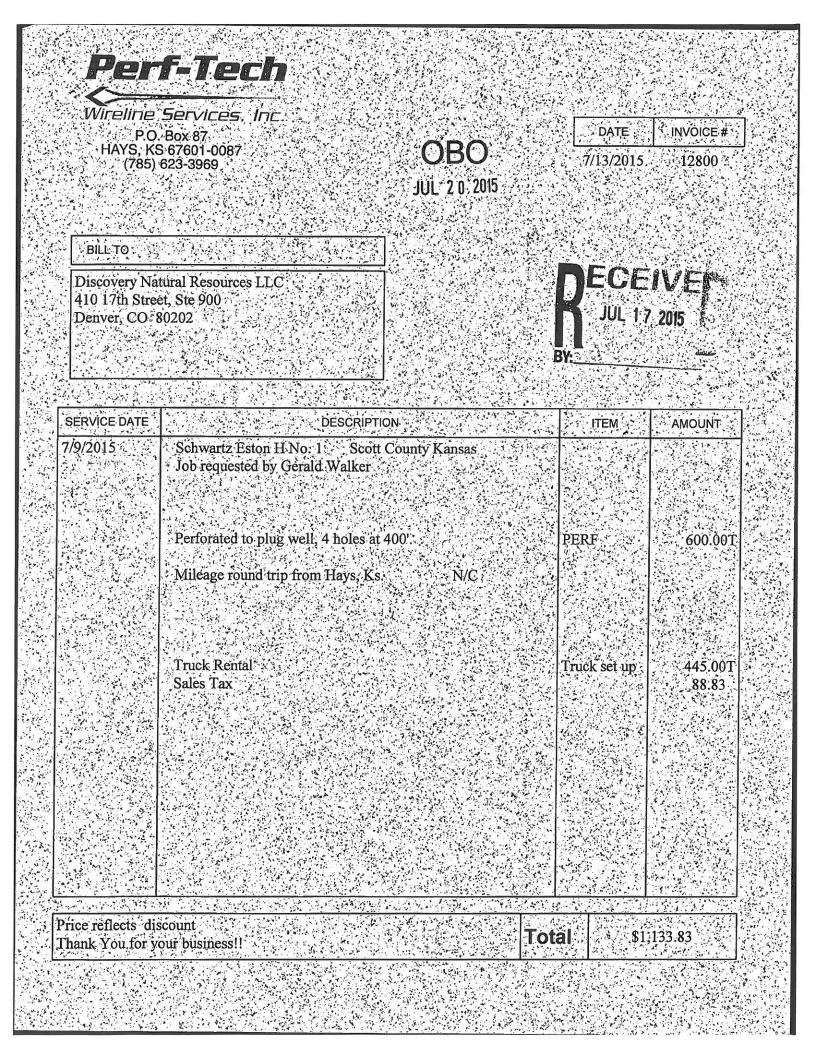
BILL TO
Discovery Natural Resources LLC

410 17th Street, Ste 900 Denver, CO 80202





vartz Eston H #1 Scott County Kansas	S. Ward House State	The House of the
equested by Gerald Walker		
metod to shugʻutéll. 4 holes at 1100, ⊶4 holes at 1500.	PERF	700.001
5 1/2" Alpha CIBP M2 at 2235'	PERF	1,395.001
1/2" Alpha CIBP M2 at 1610'	PERF	:1,395.001
s bottom dump bailer run 2sx cement on plug at 2235.	Misc.	500.001
age round trip from Hays, Ks. N/C		
k Rental s Tax	> Truck set up	445.001 376.98
	orated to plug well, 4 holes at 1190', • 4 holes at 1500' 1/2" Alpha CIBP M2 at 2235'. 1/2" Alpha CIBP M2 at 1610' s bottom dump bailer run 2sx cement on plug at 2235' age round trip from Hays, Ks. N/C	orated to plug well, 4 holes at 1190', 4 holes at 1500' PERF 1/2" Alpha CIBP.M2 at 2235' PERF 1/2" Alpha CIBP M2 at 1610' PERF s bottom dump bailer run 2sx cement on plug at 2235' Misc age round trip from Hays, Ks. N/C Truck set up



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C C	CONSOLIDATED				TICKET NUMBER 49400 LOCATION KOOGLIEY, KS			
	gil Well Servic	ss, <u>lec</u>	(8381		FOREMAN L		
PO Box 884; Chanute, KS 66720 FIELD TICKET & TREATMENT REPORT								
	or 800-467-867			CEMEN	and the second se	TOWNSHIP	RANGE	COUNTY
DATE	CUSTOMER #		L NAME & NUM		SECTION			
CUSTOMER	2945	Schwart	ZESTONH	1-27	27	185	3)6	Scott
Discovery Natural Resources DCott City TRUCK# DRIVER						TRUCK #	DRIVER	
MAILING ADDRE		NL		Knion Rd	731	Jecemy	zhr	27.1
CITY		ISTATE	ZIP CODE	25	693	Keith		
			EII OODE	EINTO	1270	Rob		
JOB TYPE の)	5	HOLE SIZE	-	HOLE DEPTH	l	CASING SIZE & W	EIGHT 51/2	<u> </u>
CASING DEPTH		DRILL PIPE					OTHER	<u>स</u> ्
SLURRY WEIGH	IT	SLURRY VOL		WATER gal/s	k	CEMENT LEFT in	CASING	
DISPLACEMENT		DISPLACEMEN		MIX PSI		RATE		
52 SS						, TOOK In		
2/2 661/1			ed 503			ge1 1/41#Flo-		ixed 305ks
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ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
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CE0002 .	45		MILEAGE				715	32175
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	1							7:200
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Ravin 3737			L				ESTIMATED	3651.41
	0	(wa	64	7 <u></u>			TOTAL	1040119
AUTHORIZTION	TIMN	n va		TITLE			DATE /- "	-15

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.