



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

**KANSAS CORPORATION COMMISSION 1259378**  
**OIL & GAS CONSERVATION DIVISION**  
**WELL PLUGGING RECORD**  
 K.A.R. 82-3-117

Form CP-4  
March 2009

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

OPERATOR: License #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  Gas Storage 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. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - \_\_\_\_\_  
 Spot Description: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 \_\_\_\_\_ Feet from  North /  South Line of Section  
 \_\_\_\_\_ Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: \_\_\_\_\_  
 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 Plugging Fees: \_\_\_\_\_  
 State of \_\_\_\_\_ County, \_\_\_\_\_, ss.  
 \_\_\_\_\_  Employee of Operator or  Operator on above-described well,  
 (Print Name)

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**

**Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202**

# Perf-Tech

Wireline Services, Inc.

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

OBO

JUL 20 2015

DATE	INVOICE #
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7/13/2015

12809

BILL TO

Discovery Natural Resources LLC  
410 17th Street, Ste 900  
Denver, CO 80202

**RECEIVED**  
JUL 17 2015  
BY: \_\_\_\_\_

SERVICE DATE	DESCRIPTION	ITEM	AMOUNT
7/7/2015	Schwartz Eston H #1 Scott County Kansas Job requested by Gerald Walker		
	Perforated to plug well, 4 holes at 1190', 4 holes at 1500'	PERF	700.00T
	Set 5 1/2" Alpha CIBP M2 at 2235'	PERF	1,395.00T
	Set 5-1/2" Alpha CIBP M2 at 1610'	PERF	1,395.00T
	Glass bottom dump bailer run 2sx cement on plug at 2235'	Misc.	500.00T
	Mileage round trip from Hays, Ks. N/C		
	Truck Rental	Truck set up	445.00T
	Sales Tax		376.98

Price reflects discount Thank You for your business!!	<b>Total</b>	\$4,811.98
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# Perf-Tech

Wireline Services, Inc.

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

OBO  
JUL 20 2015

DATE	INVOICE #
7/13/2015	12800

BILL TO:

Discovery Natural Resources LLC  
410 17th Street, Ste 900  
Denver, CO 80202

**RECEIVED**  
JUL 17 2015  
BY: \_\_\_\_\_

SERVICE DATE	DESCRIPTION	ITEM	AMOUNT
7/9/2015	Schwartz Eston H No: 1 Scott County Kansas Job requested by Gerald Walker		
	Perforated to plug well, 4 holes at 400'	PERF	600.00T
	Mileage round trip from Hays, Ks. N/C		
	Truck Rental	Truck set up	445.00T
	Sales Tax		88.83

Price reflects discount Thank You for your business!!	<b>Total</b>	\$1,133.83
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**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

3462  
8381

TICKET NUMBER 49465  
LOCATION Oakley, KS  
FOREMAN Kelly Gabel

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

**Invoice #804906**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
7-9-15	2945	Schwartz Estent # 1-27	27	185	31 <sup>W</sup>	Scott			
CUSTOMER Discovery Natural Resources			CITY Scott City						
MAILING ADDRESS FIML			STATE KS						
CITY			ZIP CODE						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		731		Jeremy		Zhr			
		693		Keith					
		640		Rob					

JOB TYPE OHV HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting, rigged up on well, tank injection rate of 2 1/2 bbl/min @ 500#, mixed 50SKS 60/40 Poz 4% gel 1/4# Flo-seal, mixed 30SKS with 50# cotton seed hulls & displaced with 19 bbl water till pressured up to 400# mixed 115SKS to get cement circulated to surface, washed up & rigged down

*Thank You  
Kelly & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950.00	950.00
CE0002	45	MILEAGE	7.15	321.75
CE0711	8.38	Ton mileage delivery	1.75	660.00
CC5829	19.5 SKS	Lite weight #V (60/40 Poz)	16.00	3120.00
CC6025	48.75 #	celloflake	2.00	975.00
CC6080	50#	Cotton Seed Hulls	.50	25.00
			Sub	5174.30
			Lead 33%	1707.50
			Total	3466.75
			SALES TAX	184.00
			ESTIMATED TOTAL	3651.41

Revin 3797

AUTHORIZATION Send Walm TITLE \_\_\_\_\_ DATE 7-9-15

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.