

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                       |                   |                       |  |
|--------------------------------|---------------------------------|------------------------------|----------------|--|--------------------------|-------------------|-----------------------|--|
| Name:                          |                                 |                              |                | Spot Description:  |                          |                   |                       |  |
| Address 1:                     |                                 |                              |                |  |                          |                   |                       |  |
|                                |                                 |                              |                |  |                          |                   |                       |  |
| City:                          |                                 |                              |                | Feet from Fast / 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 Catho                 | odic           | Country  |                          |                   |                       |  |
| Water Supply Well              |                                 | SWD Permit #:                |                | County: Well #:  |                          |                   |                       |  |
| ENHR Permit #:                 | Gas                             | Storage Permit #:            |                | Date Well Completed:                                     |                          |                   |                       |  |
| Is ACO-1 filed? Yes            | No If not, is v                 | vell log attached? Yes       |                |  | •                        | proved on: (Date) |                       |  |
| Producing Formation(s): List   | —<br>All (If needed attach anot | her sheet)                   |                | by: (KCC <b>District</b> Agent's N                       |                          |                   |                       |  |
| Depth t                        | to Top: Bo                      | ottom: T.D                   |                |  |                          |                   |                       |  |
| Depth t                        | to Top: Bo                      | ottom: T.D                   |                | 00 0   |                          |                   |                       |  |
| Depth t                        |                                 | ottom: T.D                   |                | Plugging   | g Completed:             |                   |                       |  |
| ·                              |                                 |                              |                |  |                          |                   |                       |  |
| Show depth and thickness of    | all water, oil and gas for      | rmations.                    |                |  |                          |                   |                       |  |
| Oil, Gas or Wate               | er Records                      |                              | Casing Re      | cord (Su   | urface, Conductor & Prod | uction)           |                       |  |
| Formation                      | Content                         | Casing                       | Size           |  | Setting Depth            | Pulled Out        |                       |  |
|                                |                                 | 3 3 3                        |                |  | 3 37                     |                   |                       |  |
|                                |                                 |                              |                |  |                          |                   |                       |  |
|                                |                                 |                              |                |  |                          |                   |                       |  |
|                                |                                 |                              |                |  |                          |                   |                       |  |
|                                |                                 |                              |                |  |                          |                   |                       |  |
|                                |                                 |                              |                |  |                          |                   |                       |  |
| cement or other plugs were u   | ised, state the character       | of same depth placed from (b | ottom), to (to | p) for ea  | ch plug set.             |                   |                       |  |
| Plugging Contractor License #: |                                 |                              | _ Name:        |  |                          |                   |                       |  |
| Address 1:                     |                                 |                              | _ Address 2    | :  |                          |                   |                       |  |
| City:                          |                                 |                              |                | State:   |                          | Zip:              | +                     |  |
| Phone: ( )                     |                                 |                              |                |  |                          |                   |                       |  |
| Name of Party Responsible f    | or Plugging Fees:               |                              |                |  |                          |                   |                       |  |
| State of                       | Count                           | у,                           |                | , SS.  |                          |                   |                       |  |
|                                |                                 |                              |                |  | mployee of Operator or   | Operator on       | ahovo-described well  |  |
|                                | (Print Name                     |                              |                |  | inployee of Operator of  | Operator on       | above-described 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

Acid Stage No.

| Date              | 10/2/2015       | District G.B.                         | F.O. 1             | No. C43260          | Type Treatment:          |                  | Type Fluid                            | Sand Size   | Pound        | s of Sand    |
|-------------------|-----------------|---------------------------------------|--------------------|---------------------|--------------------------|------------------|---------------------------------------|-------------|--------------|--------------|
| Company Smith Oil |                 |                                       |                    |                     | Rbi /Gal                 |                  | ·                                     |             |              |              |
| Well Nam          | e & No. Fair #8 | 2                                     |                    |                     |                          | Rbl /Gal         |                                       |             |              | <del>-</del> |
| Location          |                 |                                       | Field              |                     |                          | Rbi /Gai         |                                       |             |              |              |
| County            | Stafford        |                                       | State KS           | ·                   | Flush                    |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  | <u> </u>                              |             |              |              |
| Casing:           | Civa 55"        | Time P. WA                            |                    | Set at ft.          | Treated from             |                  | ft. to                                |             | No. ft       | 0            |
|                   |                 |                                       |                    |                     | from                     |                  | ft. to                                | ft.         | No. ft       | 0            |
| Formation         | 1;              |                                       | Perf               | to                  | from                     |                  | ft. to                                | ft          | No. ft.      | 0            |
| Formation         | ):              | · · · · · · · · · · · · · · · · · · · | Perf.              | to                  | Actual Volume of Oil / W | Vater to Load Ho | ole:                                  |             |              | Bbl./Gal.    |
| Formation         | 1;              |                                       | Perf.              |                     |                          |                  |                                       |             |              |              |
| Liner: S          | ize Type 8      |                                       | Top at ft.         |                     | Dump Trucks No. 11       | lead: Ctd        | 365 50                                |             | Total -      |              |
|                   |                 |                                       | omit.              |                     | Pump Trucks, No. U       |                  |                                       |             | - *WIN       |              |
|                   | Size & Wt.      |                                       |                    |                     | Auxiliary Equipment      |                  | 300                                   | /310        |              |              |
| rubing;           |                 |                                       | Swung at           | π.,                 | Personnel Nathan Ti      | m Jorgan         | <del></del>                           |             |              |              |
| <del></del>       | Perforated f    | rom                                   | ft. to             | ft.                 | Auxiliary Tools          |                  |                                       |             |              |              |
|                   |                 |                                       | *                  |                     | Plugging or Sealing Mate | erials: Type.    | <u> </u>                              |             |              |              |
| Open Hole         | Size            | T,D                                   | ft. P.             | .B. toft.           |                          |                  | +                                     | Gals.       |              | lb.          |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
| Company           | Representative  |                                       | Kelso              |                     | Treater                  |                  | Nathan V                              | N/          |              |              |
| TIME              |                 | SURES                                 | Keiso              |                     | - 17eater                |                  | IVACIIANI V                           | <u>v.</u>   |              |              |
|                   |                 |                                       | Total Fluid Pumped |                     |                          | REMARKS          |                                       |             |              |              |
| a.m./p.m.         |                 | Casing                                |                    | A 1                 |                          |                  | <del></del>                           |             |              |              |
| 10:45             | 2"              | 5.5"                                  |                    | On Location.        |                          | <del></del>      | ···                                   |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 | <u> </u>                              |                    | Mix 10sks of gel    | and 205cks 60            | //Onoz 10        | Kgel at 600'                          |             | <del></del>  |              |
|                   |                 | <b></b>                               |                    | IVIIX TOSKS OF BELL | and 2003K5 00/           | 40puz 47         | oger at 000                           |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    | Circulated cemer    | nt to surface.           |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
| 12:30             |                 |                                       |                    | Top off with 10sl   | (S                       |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  | <del></del>                           |             |              |              |
|                   |                 |                                       |                    |                     | <del></del>              |                  |                                       |             |              |              |
|                   |                 |                                       | ***                |                     | <del></del>              |                  |                                       |             |              |              |
|                   |                 |                                       |                    | Thank You!          |                          |                  |                                       |             | <del></del>  |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    | Nathan W.           |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             | <del> </del> |              |
|                   |                 |                                       |                    |                     |                          | -                |                                       |             |              |              |
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|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 | ļ                                     |                    |                     |                          | <u></u>          | · · · · · · · · · · · · · · · · · · · |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  | ····                                  |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    | 3                   |                          |                  |                                       |             |              |              |
|                   |                 |                                       |                    |                     |                          |                  | <del></del>                           |             |              |              |
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|                   |                 |                                       |                    |                     |                          |                  |                                       |             |              | I            |

Mike's Testing & Salvage Inc.

### DBA Kelso Well Service P.O. Box 467

## Invoice

| Date       | Invoice # |  |  |
|------------|-----------|--|--|
| 10/13/2015 | 15179     |  |  |

Bill To
Smith Oil Operations
P.O. Box 550
Hutchinson, Kansas 67504-550

OCT 19 2015

|     |  | P.O. No.  | County   | Lease   |
|-----|--|---|----------|---|
|     |  | Teo - Rig #3  | Stafford | Fair #2   |
| Qty | Description  |   | Rate     | Amount  |
| 600 | Hours Rig Time Feet 2-3/8" Tubing Rental Sacks Cement Sand Thread Dope  10-1-15 Set in on location, rigged up, dug cellar and to 3280'. loaded up 600 ft. of 2-3/8" tubing. 10-2-15 Dumped 5 sacks cement with bailer on top o tubing to 600', rigged up cement truck, pum sxs 60/40 pos, 4% gel and circulated to surfatopped off with 10 sxs. cement. Tore down Plugging Complete. 6 Hours.  No State Plugger On Location: Sales Tax | 4 Hrs.  If sand, ran 2-3/8"  oed 10 sxs. gel and 205  ice. Laid down tubing, and moved off, | 1:       | 5.00 1,950.00T<br>0.50 300.00T<br>5.00 75.00T<br>0.00 40.00T<br>0.00 20.00T |
|     |  |   | Total    | \$2,563.88  |