

**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

## 1282830

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:											
Address 2:		-	Feet from North / South Line of Section								
City:					Feet from East / West Line of Section						
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW							
Phone: ( )											
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	County							
Water Supply Well	Other:	SWD Permit #:		-		Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)							
Producing Formation(s): List A	All (If needed attach another	sheet)	b	y:		(KCC <b>District</b> Agent's Name)					
Depth to	o Top: Botto	m: T.D	_	Pluggin	na Commenced:						
Depth to	o Top: Botto	m: T.D		Plugging Commenced:  Plugging Completed:							
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.						
Show depth and thickness of	all water, oil and gas forma	ations.									
Oil, Gas or Wate	r Records		Casing Rec	asing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top	) for ea	ach plug set.						
Plugging Contractor License #:											
Address 1:			Address 2:								
City:			S	tate:_		Zip:+					
Phone: ( )											
Name of Party Responsible for	or Plugging Fees:										
State of	County, _			SS.							
(Print Name)				E	Employee of Operator or	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

ACIA (	& Cement								Acid Stage No	·	
					Type Treatment:	Δmt		Type Fluid	Sand Siza	Pound	s of Sand
Date 1/19/2016 District G.B. F.O. No. C43652				Bkdown			Type Hala		round	3 Or Saria	
	Carmen Schm										
	& No. Jost 1-29						_				
ocation Field							Bbl./Gal.				
County Marion State KS					Flush						
			otate <u>ite</u>				_			N 6	
					Treated from					No. ft	
Casing:				Set atft.				ft. to		No. ft.	
Formation:			Perf		from			ft. to	π.	No. ft.	
Formation:	:		Perf.	to	Actual Volume of O	Oil / Water t	to Load Ho	le:			Bbl./Gal.
ormation:	: <u> </u>		Perf.	to							_
Liner: Siz	zeType &	Wt	Top at ft.	Bottom at ft.	Pump Trucks.	No. Used:	Std.	365 Sp.		Twin	
C	Cemented: Yes	▼ Perforated fr	om	ft. toft.	Auxiliary Equipmen			36			
Γubing:	Size & Wt.		Swung at	ft.	Personnel Nathai	n Jordan	Greg				_
	Perforated fro	om_	ft. to		Auxiliary Tools						
					Plugging or Sealing						
Onen Hole	Size 7.7/8	3" то	ft. P.				- 7,5-5		Gals.		lb.
o pen more											
٠			Ma++ C / M/	A/ Drilling)	Toronton			Nathan	14/		
	Representative		Matt S. (W)	N Drilling)	Treater			Nathan	VV.		
TIME	1	SURES	Total Fluid Pumped			F	REMARKS				
a.m./p.m.	Tubing	Casing		0 1 1 5		1 .11					
8:00				On Location. Ri	g laying dow	vn drill	collar	S			
10:00				Mix 35sks 60/40	poz 4%gel a	t 3214	' Disp	lace with 4	5bbls of n	nud w	ith
				mud pump.			•				
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
12:00				Mix 35sks at 268	21						
12.00				IVIIX 333K3 at 200	,						
				14: 25	6: 1 : 1						
12:45				Mix 25sks at 60'	Circulated	cemen	it to su	irface.			
1:10				Plug rat hole wit	h 30sks.						
				Thank You!							
				THAIR TOU:							
				A1 .1 .A1		F	25.1				
				Nathan W.	l	Total-1	25sks.				
			<b>-</b>	<del></del>							