

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

1305575

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 #:			AF	API No. 15									
Name:				Spot Description:									
Address 1:			_		Sec Tw	/p 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:			Fo	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 C	ountv	r:								
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #: Date Well Completed:									
ENHR Permit #:	Gas Sto	rage Permit #:											
Is ACO-1 filed? Yes	No If not, is well	l log attached? Yes	1	The plugging proposal was approved on: (Date)									
Producing Formation(s): List A	All (If needed attach another	sheet)	by	r:		(KCC District Agent's Name)							
Depth to	Top: Botto	m: T.D	_{PI}	uaair	na Commenced:								
Depth to	Top: Botto	m: T.D		Plugging Completed:									
Depth to	Top: Botto	m:T.D		33	0 1								
				—									
Show depth and thickness of		ations.											
Oil, Gas or Water	Records			ord (S	Surface, Conductor & Produc	tion)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out							
Describe in detail the manner cement or other plugs were us	. 00					ds used in introducing it into the hole. If							
Plugging Contractor License #	<i>t</i> :		Name:	me:									
Address 1:			Address 2: _	ess 2:									
City:			St	ate: _		Zip:+							
Phone: ()													
Name of Party Responsible fo	r Plugging Fees:												
State of	County, _		,	SS.									
	(Print Name)		[[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

Eustomer Energy, LLC						Lease No.							Date 4 1 Z - 1 C						
Field Order # Station Pratt, frans						Well # 1 Casing Depth					1	County					State		
Type Job C C 5 PW - Plus To Aban												County State Ransas Legal Description 7 W							
PIPE DATA PERFORATION												TREATMENT RESUME							
Casing Size	Tupinds	že							on with 32 Calc			RATE	PRE	SS_	ISIP	ISIP			
Depth	Depth					00 5a		1000 Charles Co.			Max	130	1	Val	5 Min.				
Volume	Volume				То			Reti			Min				10 Min.				
Max Press	Max Pres	s	From		То					Avg					15 Min.				
Well-Chulectic	on Annulus \	/ol.	From		То				HHP Used					Annulus Pressure					
Plug Depth	Packer D		From		То	To I		Flush Fresh water			Gas Volume				1	otal Load			
Customer Rep	oresentative	Hi	chin	nan		Station	Manag	er Te	vin G	ord	ley	Freat	erare	ref	. Me	550	tr		
Service Units	37,216	27	463	19,9	03	19,960													
Driver Names ///e	Casing	EII	NST bing	5	han	line	\perp												
Time A./	Pressure		ssure		. Pum			ate	-					ce Log					
8:30				Tri	ich	son	oca	ion	and	old	Safe	Man	eet	ing.		1.0			
0145		_				-			134	Plug	1,100F	ect 5	55a	chs co	2MMen	with	138	C,C	
9:45	300		_	3			Startmixing cement												
a' a		-			2			3		Start Fresh water Displaceme									
9:00			0 14								mping.		_	170		2	-		
10.30			-						200			ofcement at 300 Feet 17 Feet 55 sacts 60 140 Poz							
10:45		20	100					3		Start Mixingcement									
			00 1		14		3					Water Displacement.							
10 50		-			S				Sto	DOU	MPLAG								
									3.4	Plu	9350	Feet \$0/40Poz							
		-	5					3	start mixing cement										
11.30			2						cement circulated to surface										
									Stop	pun	iping.	(422							
											ing out						_		
11.35							2				inquit								
12'10				2	5						PUMP		7.			_			
12:15					-						mplete		-						
											You.	P	e di						
									Cla	I E VC	e, sha	Wh, re	uvi						
																	-		
10244	NE Hiw	ay 6	1 • P	О. В	ох <u>8</u>	613 •	Prati	, KS	67124	-861	3 • (620) 672-	-120	1 • Fa	x (620	672	2-53	83	