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** 

1306146

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:	Sec Twp 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:	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 #: Storage Permit #: SWD Permit #: SWD Permit #:	County: Vell #: Lease Name: Well #:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC <b>District</b> Agent's Name)
Depth to Top:   Bottom:   T.D.     Depth to Top:   Bottom:   T.D.     Depth to Top:   Bottom:   T.D.	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:	Name:							
Address 1:		Address 2:								
City:		State:	Zip:	+						
Phone: ( )										
Name of Party Responsible for Plu	ugging Fees:									
State of	County,	, SS.								
	(Print Name)	Employee of Operato								
		atotomonto, and matters barain contained, and the l								

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



## TREATMENT REPORT

Lease 1				Lease No.						Date								
Tostner O.W.W.O.				Well # 1							1		)-1	Ģ				
Field Order				Tar				Casing	Depth		County	TI	Namar	1	Sta	ansa:		
Type 300	C.S.P.L	V	Pluy	TOA	bar	don	r		Formation	k			Cegal D	escription	-6 u	/		
PIF	PE DATA		PER	FORAT	ING	C PATA & N + COM USED						TREATMENT RESUME						
Casing Size	Tubing	ze	Shots/#	Ft	35	Sacks Commo			a with 3	2 Calc	RATE PRESS			ISIP				
Depth	Depth		From		То			to Poz Wi	Max 48 Toto				5 Min.					
Volume	Volume		From		То			pi	126 91	Min Avg HHP Used				10 Min. 15 Min. Annulus Pressure				
Max Press	Max Pres	S.I.	From		То													
Well Connect	on Annulus		From		То													
Plug Depth	Packer D		From		То	Fluch (		hwater	Gas Volume		3			ad				
Customer Re	presentative	id	Hie	t Man		Station	n Mar	odor .	vin Gor	dley	Trep	ter	R	Messie				
Service Units			982	86.7	79	70.9	59	73.768		1			CC IV.	10000				
Driver	ssich		Gra	0.0				and and a second se										
Time A	Casing Pressure		ibing ssure	Bbls.	Pum			Rate				Serv	ice Log					
8:30				Tru	1ch	5 0h	10	cation	and ho	d safe	eti							
				2.60			-			9 8121					ALL'	h 32		
8:45		20	0					3					July 10	conne	II DOLL	1 300		
		10	0	-	7.5			3	Start Mixing cement Start Fresh water Displacement: Stop pumping.									
9:00		-	3	9.														
11:00										pofce	·	ntat	- 675	Feet				
									2nd/pl	422	Feet	30	Sache	60141	Par			
11:15		10	0				-	3	Startm	ixinace	neat		0401			ceme		
		10	0	C	1		3		and the second sec	rt Mixingcement: rt Fresh water Displacement:								
11:20		-\$		1.0	5				Stop pumping.									
					-				3rd/ Plu	a 260	Feet	- C	reulat	e ceme	ot			
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3:30				2.	5				Fillouni	vi with 1	254	trac	OAMOR	Co Mast	with !	3200		
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