

**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

## 1319768

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.	API No. 15 -         Spot Description:         Sec.       Twp S. R East West         Feet from North / South Line of Section			
Name:			Spot De				
Address 1:							
Address 2:							
City:	State: _			Feet from East / West Line of Section			
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW			
Phone: ( )							
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Catho	odic County:				
Water Supply Well	Other:	SWD Permit #:	1	Lease Name: Well #:			
ENHR Permit #:	Gas	Storage Permit #:		Date Well Completed:			
Is ACO-1 filed? Yes	No If not, is	well log attached? Yes					
Producing Formation(s): List A	All (If needed attach and	ther sheet)	by:				
Depth to	о Тор: В	ottom: T.D	Plugging				
Depth to	o Top: B	ottom: T.D	1 00 0				
Depth to	o Top: B	ottom: T.D		g completed			
Show depth and thickness of	all water, oil and gas fo	ormations.					
Oil, Gas or Water			Casing Record (Su	rface, Conductor & Prod	uction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
cement or other plugs were us	sed, state the characte	r of same depth placed from (b	ottom), to (top) for ea	ch plug set.			
Plugging Contractor License #		_ Name:					
Address 1:			_ Address 2:				
City:			State:				
Phone: ( )							
Name of Party Responsible fo	or Plugging Fees:						
State of	Coun	ty,	, SS.				
	(Print Name	,	E	mployee of Operator or	Operator on above-descri	bed well,	
	(Drint Name	3.1					

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

cid Stage No.

				Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
9-23	-16 -	2.00	A	O. No. Bbl. /Gal.
Date		ptrict.	_ ()	
Company	Se E	No service and a		
	100			
			A /	Bbl. /Gal
County			State.	FlushBbl./Gal
				Treated from
Casing: Size		Type & Wt		Set at
Formation:			Perf	toft. No. ft.
Formation: Perf. to				Actual Volume of Oil/Water to Load Hole;
Formation:		201 <sup>25</sup>	Perf	to
Liner: Size	Type & W		Top atf	ft. Bottom atft. Pump Trucks. No. Used: Std. 323SpTwin
Cem	ented: Yes/No.	Perforated fr	om	ft. to
Tubing: Size &	wt. 22/5		Swung at	ft. Packer: Set at f
Per	forated from		ft. to	ft. Auxiliary Tools
-	Office	17   18°		Plugging or Sealing Materials: Type 50 Com 155 60-40-47 for
Own Hole Siz	e	. T.D		.B. to
	o ests • Name and Administration (in ) is consistent.	The second second		1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Commany L	lepresentativ			Treater / /
TIME	PRESS	HENDERSON DESCRIPTION OF A PRESENT	Total Fluid	
a.m /p.m.	Tubing	Casing	Pumped	ŘEMARK/S
8:0		SECRETARIZATION SECURITION SECURI		Only TSA Donne at al S. O. T. C.
				Por I such halls in during 10 BBB down hake
8:15				
			0	Mix up calcin Chloriste 4 Bays in 12 Bkis Water
8 30			0	Start Down hole 5.5 sed Slukery 320 CC Write
:				add. 200 thills in tips + SU Stiller Can.
			14BBL	Frest phy away wish up going down hole
•			10 BBL	get tall best of uni out
			ļ	Pull take up to 35000
				Short dawn alles
10 BG				Rus soul I'm to come 400 to ft down
			0	Start mix good down have add lost beg hu
			34 BB	1 10 300 100 W 10 FOZ 900 9000 0
		National Control of Control	ļ	const in sellon sellon stondy by
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