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

1326406

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:	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 #: Is ACO-1 filed? Yes No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Uell #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging Plug

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	r 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:	_ Address 2:						
City:		State:	Zip:	+					
Phone: ()									
Name of Party Responsible for Pl	ugging Fees:								
State of	County,	, SS.							
	(Print Name)	Employee of Operato	or or Operator on	above-described well,					

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.



TREATMENT REPORT

Wess OIL COIPCIANTY				Lease No				1	Date	21-	1		
				Well #	33-1				1:	41	12016		
				A	Casing Depth			th	County Rolers State Ps				
Type Job	2411	PTA					Formatio	n		Legal	Description 33	7-10-20	
PIPE DATA PERFORATING DATA					F	FLUID USED			TRI	EATMEN	T RESUME		
Casing Size	Tubing,S	ize Sho	ts/Ft		Acid	Acid		RATE PRESS			ISIP		
Depth	Depth	Se From	n ·	Το	Pre Pa	Pre Pad		Max			5 Min.		
olume	Volume	y From		Го	Pad Frac			Min		10) Min.	
lax Press	Max Pres			Го				Avg			15 Min.		
Vell Connection	on Annulus	Vol. From	n T	Го			HHP Used		d		Annulus Pre	Annulus Pressure	
lug Depth	Packer D	epth From		Го	Flush	Fresh	hells here	Gas Volun	ume		Total Load		
Customer Rep	presentative	Joiel		Station	n Manage	rpeu	in Garel	e ,	Treater	Derin	Frankei		
ervice Units		78982	8677	1995		010	84980	19860					
river lames	Derin	Ster	Scars		n Jo	054	Job	Tul					
Time	Casing Pressure	Tubing Pressur		Pumped	Rat	е	Service Log						
U'awpa					on loca			ston /Sclery meeting					
							Icr Plus.	3680	-755	10 601	40 491050	, 300H	
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Taylor Printing, Inc. 620-672-3656