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

1326409

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 Des	cription:					
Address 1:					Sec 7	Гwp S. R East _	West			
Address 2:					Feet from North / South Line of Section					
City:					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 Cathoo	dic	County:						
Water Supply Well	Other:	SWD Permit #:		•		Well #:				
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	No			roved on:				
Producing Formation(s): List /	All (If needed attach anothe	r sheet)				(KCC District Agent's				
Depth to	o Top: Botto	om: T.D				,				
Depth to	o Top: Botto	om: T.D								
Depth to	o Top: Botto	om:T.D		Plugging	Completed					
Show depth and thickness of	all water, oil and gas form	ations.								
Oil, Gas or Wate	r Records		Casing F	Record (Surf	face, Conductor & Prod	uction)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cement or other plugs were u	sed, state the character of	same depth placed from (bo	ottom), to (op) for eac	h plug set.					
Plugging Contractor License #:										
Address 1:			Address	2:						
City:				State:						
Phone: ()										
Name of Party Responsible fo	or Plugging Fees:									
State of	Countv.			, SS.						
	3,				anlawa at Ot-	On another are all arrests in	التنبياء			
	(Print Name)		Em	ipioyee oi Operator or	Operator on above-describe	a 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

Customer			Leasë N	o.	*	Date	Date					
Lease	1300	undal	Well #	Well # g				117/11	/			
Field Order #	Station	0 41		Casing Depth				County				
Type Job	10 de	Ah	enclan		F	ormation		Lega	l Description			
PIPE	DATA		ORATING DATA	A FLU	FLUID USED			TREATMENT RESUME				
Casing Size	Tubing Size	Shots/F	1	Acid			RATE PRESS			ISIP		
Depth	Depth	From	То	Pre Pad		Max			5 Min.			
/olume	Volume	From	То	Pad		Min			10 Min	10 Min.		
Max Press	Max Press	From	То	Frac		Avg			15 Min.			
Well Connection	Annulus Vol.	From	То			HHP Us	HHP Used		Annulus Pressure			
Plug Depth	Packer Dept	h From	То	Flush		Gas Vol	ume		Total Load			
Customer Repre	sentative		Stati	on Manager	om Y	Soudles	Trea	ter 5,01	1 (210	wes		
	18950	74462	8/0779 198	89 196	18	/						
Oriver Names	int	Treh	- 5	- -								
	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate				Service Log				
1130					0	n Locate	e e	Delus	50%	1 Mary		
1155	400			-5	P	100 LIE	0	Leute	10	31121		
12:02	250		160	~	37	My 75 sts 60/10 POZ ZOOMS 6						
12108	50		19	3		Start elispherement						
1.7:10	05		475	g	S	less of oh	21352					
					20	250						
12.58	300			3.5	Į.	Pump HEO Spares						
12:30	250		7	35	m	Mr. 1005/13 60/40 POZ 700#						
12:38	30		25.5	3.5	5/	Steet el splacement						
12:46	0		2.5	0	5/	Shetdown						
					50	201 10	500	acc				
1.00	50			- 3	P	Pump H20. Spaces						
1:01	200		2	3.5	m	my 75 sts						
1:07	0		19	3,5	1	culates	1	2 Souls	are S	het olou		
1.35					1	of off	COS	uny	15 5	KS 60/E		
1:40			3.5	0	5	hu clau	165					
			W			for						
						eren eine eine eine	- T					
					_							
					_							
			O. Box 8613							070 5000		