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

1347857

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 #: Gas Storage Permit #: SWD Permit #: SWD Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Blugging Commonced:
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	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:
Address 1:	Address 2:
City:	State: Zip: +
Phone: ()	
Name of Party Responsible for Plugging Fees:	
State of County,	, ss.
(Print Name)	Employee of Operator 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.



POST OFFICE BOX 438 HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

Acid & Cement

BURRTON, KS 🍐 GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

01

(620) 793-3366 FAX (620)

RECEIVED FEB 2 4 2017

INVOICE NUMBER: C44630-IN

LEASE: ZACKARY 1-2

Invoice

BILL TO: YOUNGER ENERGY CO. 9415 E. HARRY ST, STE. 403 **BUILDING 400** WICHITA, KS 67207-5083

DATE	ORDER	SALESMAN ORDER DATE PURCHASE O			RDER	SPECIAL IN	STRUCTIONS	
02/22/2017	C44630	02/05/2017				NET 30		
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION	
60.00	MI	MILEAGE CEMENT PUMP TRUCK			0.00	4.00	240.00	
60.00	М	MILEAGE PICKU	P TRUCK		0.00	2.00	120.00	
1.00	EA	PUMP CHARGE	- ROTARY PLUG		0.00	1,100.00	1,100.00	
145.00	SK	60/40 POZ 2% G	EL MIX		0.00	10.75	1,558.75	
3.00	sĸ	2% ADDITIONAL	GEL		0.00	22.00	66.00	
148.00	EA	BULK CHARGE		0.00	1.25	185.00		
391.80	МІ	BULK TRUCK - TON MILES			0.00	1.10	430.98	
2.50		- 180211 - 714350 W - 35575 top - 35575 e - 25575 e - 30575 rethdy	/1415 545 60/4 0) cA, buckle 137' 0'-circulate 1 COP	o poz 430 3	el	08-		
P.O. BOX 438 HAYSVILLE, KS 67060 RECEIVED BY		- 20 575 The wat held - (2-5-2017) FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. NET 30 DAYS			SEDCO	3,700.73 82.50		
						3,783.23		

U Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

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TREATMENT REPORT

								Acid Stage No)	
Date	2/5/2017	District <u>G.B.</u>	F.O.	No. <u>C44630</u>	Type Treatment: Bkdown	Amt. Bbl./Gai.	Type Fluid	Sand Size		ls of Sand
	Younger Ener					Bbl./Gal.				
Well Nan	ne & No. Zackary	/1-2				Bbl./Gal.				
Location			Field			Bbl./Gal.				
County	Sedgwick		State KS		Flush	Bbl./Gal.				
					Transfer A.C.					
Casing:	Size	Type & Wt.		Set atft.			to		No. ft	0
Formatio			Perf.		from		to		No. ft	0
Formation							. to	ft.	No. ft.	0
					Actual Volume of Oil	/ Water to Load Hole				Bbl./Gal.
Formation			Perf.							
Liner: S	izeType &	Wt.	_ Top at ft.	Bottom atft.	Pump Trucks. No	. Used: Std. 3	65 Sp.		Twin	
	Cemented: Yes	Perforated fi	rom	ft. to ft.	Auxiliary Equipment			327		
Tubing:			Swung at	ft.	Personnel Nathan					
	Perforated fr	rom	ft. to	ft.	Auxiliary Tools					•
					Plugging or Sealing M	aterials: Type				
Open Hole	Size	T.D.	ft. P	.B. to ft.				Gals.		
								Gais.		fb.
Company	Representative		Don D	1	Transa					
TIME	PRES	SURES			Treater		Nathan V	N.		
a.m./p.m.		Casing	Total Fluid Pumped			REMARKS				
6:30		Casing		Onland						
0.30				On Location.						
				Spot 35sks 60/40	poz 4% gel at	t top of Arbu	ckle. Disp	ace with	mud.	
				Spot 35sks at 437	H					
				Pump 25cks at 60	Circulated					
				Pump 25sks at 60	Circulated	cement to su	irrace.			
				Diversity in the test	22.1					
14.00				Plug rat hole with						
11:00				Plug mouse hole	with 20sks					
				Thank You!						
				Nathan W.						
					<u> </u>					
+										