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

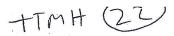
1356932

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

Spot Description: Spot	OPERATOR: License #:			AP	l No. 15							
State Zip Feet from North / South Line of Section Street Feet from Street From Stree				I								
City:	Address 1:			_	Sec	c Twp S.	R East West					
Contact Person: Fhone (Address 2:			_								
Phone (City:	State:	Zip: +	_	Feet from East / West Line of Section							
Type of Wellt; (Check one)	Contact Person:			Foo	otages Calculated fro	m Nearest Outside	Section Corner:					
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top:	Phone: ()				NE	NW SE	sw					
Water Supply Well Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	untv. —							
ENIR Permit #:	Water Supply Well	Other:	SWD Permit #:									
As ACC-1 filed?	ENHR Permit #:	Gas Sto	orage Permit #:									
Depth to Top:	Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes		· ·							
Depth to Top:	Producing Formation(s): List /	All (If needed attach anothe	r sheet)	by:			_(KCC District Agent's Name)					
Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: 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 Size Setting Depth Pulled Out 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 zeroent 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: Zip: +	Depth to	o Top: Botto	om: T.D									
Show depth and thickness of all water, oil and gas formations. Oif, 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 sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #:	Depth to	o Top: Botto	om: T.D									
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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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Phone: () Name of Party Responsible for Plugging Fees: State of County,, ss.												
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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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #:	Oil, Gas or Wate	r Records		Casing Recor	d (Surface, Conductor	& Production)						
Plugging Contractor License #: Name:	Formation	Content	Casing	Size	Setting Dep	oth Pulled O	ut					
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City:	33 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
Phone: ()	Address 1:			Address 2:								
Name of Party Responsible for Plugging Fees:	City:			Sta	te:	Zip:	+					
State of, ss.	Phone: ()											
	Name of Party Responsible for	or Plugging Fees:										
	State of	County, _		, ss	S.							
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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.





10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET

DATE

1718 15110 A

DATE OF 5 - 1	15-1	7/ (DISTRICT PIQTE			NEW C	WELL (A)	PROD IN	NDM 🗌 r	<u>□</u> {	CUSTOMER ORDER NO.:				
CUSTOMER GILLFIN MANAGENICAT						LEASE 5	Pring	٠, ٧	* 28 0 1 0	- 8	WELL NO.	18			
ADDRESS		COUNTY BAIB STATE US													
CITY	STATE	SERVICE CREW MATTAL MCGIAM (OBB)													
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EQUIPMENT		HRS	EQUIPMENT#	HRS	EQU	JIPMENT#	HRS	TRUCK CAL				VIE			
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products, and/or su become a part of th	ipplies inc	ludes all	execute this contract as an ag of and only those terms and o the written consent of an offi	onditions appe	aring on	the front and back	of this do	cument. No addi	ledges that this co tional or substitute ER, OPERATOR,	têrms	and/or conditions	s shall			
ITEM/PRICE REF. NO.		·,	ATERIAL, EQUIPMENT	AND SERVIC	ES US	ED	UNIT	QUANTITY	UNIT PRIC	É	\$ AMOUN	Т			
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THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY: X

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

REPRESENTATIVE Mille Marcal



TREATMENT REPORT

Customer	211661	N MANA	Isemin, L	Lease No.						Date 5 - 15 - 17							
Lease 50	oring a			Well# 1877													
Field Order # Station PIOTI						Casing	De	epth	598	County	BA	115		-State V	1		
Type Job Z - 41 Plug to ABHADOW							Forma	tion				Legal De	scription /()-335	-12		
PIPE DATA PERFORATING DATA						FLUID (TREATMENT RESUME									
Casing Size Tubing Size Shots/Ft			=t		Acid	T 12	U SKS	6	0/110	RATE	PRESS ' ISIP			3.			
Depth 8	Depth,	From				re Pad 49. 5						5 Min.					
Volume ***	Volume	4 From	To Pad				Min				10 Min.						
Max Press	Max Pres	From	То		Frac	2			Avg		**		15 Min.				
Well Connecti	on Annulus \	Vol. From	То			₩.			HHP Used	t			Annulus Pressure				
Plug Depth	Packer D	From	То		Flush	h			Gas Volun	ne			Total Load				
Customer Re	presentative	JR g.	14611	Station	n Mana	ger We)711m/	ادر		Treate	er μ	ik, na	rral				
Service Units	83553		78892	867	79		54986 198		19860	-							
Driver Names	MATINI		MCC	IM			(0) ()	ク								
Time A	Casing Pressure	Tubing Pressure	Bbls. Pum	F	Rate			Service Log									
8.45		c					·On	1	U.C. A71	ion/ SAKIEY M-OTING							
9.35		200	35					10 5KS Sol @ 598 15 Plus									
9:42	<i>y.,</i>	500	13		4			11X 54 54 60/40 POZ									
9:45		50	.3~	3		pune 3 bht dist											
	1		,	۸.		4		2 nd Pug @ 252'									
9:57	3	150	[3]				MIX 50 SKI GOLYDPOZ										
10:02	<u> </u>	50	1		3	•	Pun	imp. 1 451 dist.									
				~	*				3'd Plug 6 60'								
10:10)	54	5		, 3				Zu: SK, Go/40 Poz								
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