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

1356938

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. 1	5							
Name:				Spot Description:								
Address 1:					Sec 7	Гwp S. R East _	West					
Address 2:												
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 Cathoo	dic	County:								
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:								
ENHR Permit #:	Gas Sto	orage Permit #:				vven #.						
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	#:		Name: _									
Address 1:			Address	2:								
City:				State:								
Phone: ()												
Name of Party Responsible fo	or Plugging Fees:											
State of	Countv.			_ , SS.								
				anlawa at Ot-	On anotan air als aire de ''	الديناسة						
	(Print Name)			Em	ipioyee oi Operator or	Operator on above-describe	u 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.



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

TMH 15

FIELD SERVICE TICKET

1718 13085 A

F	PRESSURE		PING & WIRELINE	ne 020-0				DATE	TICKET NO.		1245	
DATE OF 5-1	ISTRICT /17/8	NEW	OLD []	aŁOD □INJ	□WDW	□SP	ISTOMER RDER NO.:					
CUSTOMER (Managmei	LEASE	Die		2		WELL NO.					
ADDRESS	· · · · · · · · · · · · · · · · · · ·	COUNTY	Bar	ber Harf	STATE		R5					
CITY	STATE	SERVICE CF	REW	1718	: :	2						
AUTHORIZED BY	Ý			JOB TYPE:	24	1. 0/w	PTA		i e n			
EQUIPMENT		IRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALL	ED 5	DATE		IME (100)
27465		2	*			ARRIVED AT	JOB 5	17	AM PM //	45		
19959 - 737	160)	2			-	START OPE	RATION 5	-17	AM / 7	00		
						FINISH OPE	RATION 5	-/7	AM / 3	45		
<u> </u>	*	-+					RELEASED	5.1	7	AM /	400	
								MILES FROM	STATION TO	S WELL	60	7-0
products, and/or sup become a part of this	plies includ	les all d	xecute this contract as an agof and only those terms and contract the written consent of an office of the written consent of the written consent of the written consent of the written contract as an ago of the written consent of the written contract as an ago of the written consent	onditions a cer of Basic	ppearing on c Energy Se	the front and bac rvices LP.	k of this do	cument. No addit	edges that inis of ional or substitutional or su	R, CONTR	ind/or conditio	ons shal
REF. NO.				9.2		ED	UNIT		UNIN PH	I I		// .
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SERVICE REPRESENTATIVE THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer G	.50.	Manac		Leas	e No.						Date)			18				
Lease	Well	Well # 2						5.17-19											
Field Order #	Station	$p_{r_n r_H}$	1/5				Casing	P.Fr	Depth	75	Cour	200 C	1 201:	1 ~	Stat	.e/<5			
Type Job	A 0/1		3,4						mation	3 ~2	1	timeses 4 Min	Legal De	scription		/ \			
	DATA		ORATI	NG DA	ATA		FLUID	USED			, ille-edelle	TREA		RESUME					
Casing Size	Tubing Size					Acid	209.				RATE		· · · · · · · · · · · · · · · · · · ·	ISIP					
Depth	Depth	From		 То		Pre	<u> </u>	51G /	v (-u +	Max		300	î	5 Min.		9			
Volume	Volume:	From		To	\neg	Pad							10 Min.						
Max Press	Max Press	- From-		То		Frac	27 4 0	Avg					15 Min.						
Well Connection	Annulus Vo			To		-				HHP Use	HHP Used Annulus				Pressure				
Plug Depth	Packer Dep			To		Flus	001			Gas Volu	me			Total Load	١.				
Customer Repr	esentative ~	TR		s	tation	Mana	ger T (105+	ምድ ነለ ጎ የ	G (-)	Tre	eater T).Sco-	H					
Service Units	Vad :	17463	1995	79 7	3968	3								5		* 1			
Driver	500H 8	Frast	M		/ 1/// (> 4			
Time	Casing Pressure	Tubing Pressure	Bbls.	Pumped	î		Rate					Servi	ce Log						
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,								2ml Plus D 898'											
1725		100	1	0			3	Est Good Circ											
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