

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1362032
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage 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. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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.

Submitted Electronically

Customer Stelbar Oil Corp	Lease No.	Date 7-18-17
Lease Gossman	Well # 1-119	
Field Order # 13094	Station Pratt KS	Casing 4 1/2
Type Job PTA O/W	Formation	Depth
		County Finney
		State KS
		Legal Description 19-21-32

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
4 1/2				Pre Pad 150 sk	Max	500	5 Min.
Depth	Depth	From	To	Pad 60-40 po2 4% gel	Min		10 Min.
Volume	Volume	From	To	Frac	Avg		15 Min.
Max Press	Max Press	From	To		HHP Used		Annulus Pressure
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth	Packer Depth	From	To				

Customer Representative TV	Station Manager J Westerman	Treater D Scott
Service Units Vap	R. Gossman	W. Schmidt/Kater
Driver Names Scott	84993	84983

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1000					Called Out
1130					On Loc w/ Taks Safety mtg
					1st Plug Perf @ 1200' Rig up 4 1/2 Csg
1200	240		10	2	Take Tng Rate No Circ on 8 3/8
1203	200		7.6	2	Mix 30 sk 60-40 po2 4% gel @ 13.7 ppg
					Shut Down Dead perf Balli
1205	250		7.6	2	Mix 30 sk Cont @ 13.7 ppg
1210	200		10.3	2	Disp w/ H2O
					2nd Plug Perf @ 1380'
1300	150		10	3	Est Good Circ Down 4 1/2 Csg out 8 3/8
1320	100		23	0	Mix 90 sk po2 @ 13.7 ppg
					Cont @ surface shutdown
					1st Plug 60 sk, 60-40 po2 4% gel
					2nd Plug 90 sk, 60-40 po2 4% gel
					150 sk Total
					Job Complete
					Thank you Scotty
					move to next loc.