

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

KANSAS CORPORATION COMMISSION 1368140
OIL & GAS CONSERVATION DIVISION

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 #: _____
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.

(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.

Submitted Electronically

Customer ANDERSON ENERGY	Lease No.	Date
Lease MERLE E. WRIGHT	Well # 1	10-26-2017
Field Order # 16080	Station	Casing 4 1/2" Depth
Type Job CCSPW - P.T.A.	Formation	County BARBER State KS
		Legal Description 34-335-12W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size "	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
4 1/2"			CMT -	350SK60/40 POZ				
Depth	Depth	From	To	Pre Pad	Max			5 Min.
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative PRESTON DREILING		Station Manager J. WESTERMAN			Treater K. LESLEY		
Service Units	78868 E4980 20920 19959 19918						
Driver Names	LESLEY MCGRAW	COBB					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:00AM					ON LOCATION - SAFETY MEETING
10:30AM					RIG UP TO 4 1/2" CSG. PERFS = 1000'
					309' OF 10 3/4" SURFACE PIPE
10:45AM	350				BREAK CIRC. W/ H ₂ O
11:00AM					BID NOT CIRC.
					CALLED STATE - TOLD US TO MIX 350 SKS
1:00PM	350		90	3.5	MIX 350 SKS @ 13.78 PPG
1:30PM	VAC.		9	3.5	DISPLACE CMT. TO 575'
					CLOSE IN
1:50PM					WASH UP PUMP TRUCK
					JOB COMPLETE
					THANKS -
					KEVIN LESLEY

Customer <i>ANDERSON ENERGY</i>	Lease No.	Date <i>10-27-2017</i>
Lease <i>MERLE E. WRIGHT</i>	Well # <i>1</i>	
Field Order # <i>110081</i>	Station	Casing <i>4 1/2"</i>
Type Job <i>CSPW - PTA</i>	Formation	Depth
		County <i>BARBER</i>
		State <i>KS</i>
		Legal Description <i>34-335-12W</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>4 1/2"</i>				<i>150 SK 100/40 POZ</i>				
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
				<i>@ 1.45 MFT³</i>				
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative				Station Manager				Treater			
Service Units	<i>75838</i>	<i>20920</i>	<i>19889</i>	<i>19918</i>							
Driver Names	<i>LESLEY NATTA</i>	<i>—</i>	<i>COBB</i>								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:30 AM</i>					<i>ON LOCATION - SAFETY MEETING</i>
<i>10:45 AM</i>					<i>SPOT TRUCKS - RIG UP IRON</i>
<i>10:50 AM</i>	<i>500</i>		<i>3</i>	<i>2</i>	<i>DSI TEST CSG.</i>
<i>10:55 AM</i>					<i>RIG DOWN TO SHOOT PERFS @ 970'</i>
<i>11:40 AM</i>					<i>RIG BACK UP - BREAK CIRC.</i>
<i>11:45 AM</i>	<i>350</i>		<i>0</i>	<i>3</i>	<i>MIX 150 SKS @ 13.78 PPG</i>
<i>11:57 AM</i>	<i>350</i>		<i>38</i>	<i>3</i>	<i>CEMENT CIRCULATED TO SURFACE</i>
<i>12:00 PM</i>					<i>CIRCULATED 5 BBL OF CMT. TO PIT</i>
					<i>WASHUP PUMP TRUCK</i>
					<i>JOB COMPLETE,</i>
					<i>THANKS -</i>
					<i>KEVEN LESLEY</i>