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

Name of Party Responsible for Plugging Fees: ____

(Print Name)

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1368655

Employee of Operator or Operator on above-described well,

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:	•							
Phone: ()			— NE NW SE SW					
Type of Well: (Check one)	OG D&A Cathodio	c I						
Water Supply Well		County	County:					
ENHR Permit #:	rage Permit #:	Lease	Lease Name: Well #:					
Is ACO-1 filed? Yes	log attached? Yes		Date Well Completed:					
Producing Formation(s): List A			The plugging proposal was approved on:					
Depth to	·	m: T.D		by:(KCC District Agent's Name)				
Depth to	m: T.D	Plugging Commenced:						
Depth to	m: T.D	Plugging Completed:						
Берино	тор волог	III I.D						
Show depth and thickness of a	all water, oil and gas forma	itions.	•					
Oil, Gas or Water Records			Casing Record (S	asing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us		-	•		ods used in introducing it into the hole. If			
Plugging Contractor License #:			Name:	ime:				
Address 1:		Address 2:						
City:			State:		7in: +			

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.

_____, , ss.



P.O. BOX 438 Haysville, KS 67060 (316) 524-1225 • FAX (316) 524-1027

					The same of	A Wall No.		
Date 9-7-1-1	Charge To: \/	11 P	1 1/2	Tim	Lease an	d Well No.		
DEIG	Orlange to.	1011		- I-Ve	K	nop 7 6		
Operator LCCS	Address		Field	Claid				
						Legal Description		
	City & State	City & State				SE-NE-SLU		
Customer's T.D.	Fluid Level		Casing Size		Sec.	Two 145 Bng 126		
	7		Garden VAN	27	GGC.	100. 14 2 700.		
T.D.	Type Fluid in Hole	101	Casing Wt.		County	Racton		
Zero	Elevation	10.	Casing Dep	oth	County			
G L					State	Kansas		
The cuthed agent and see	presentative of the owner agrees to	the following cores	ral tarms and condi	tions of contions to		which have been rendered:		
(1) All accounts are due ar	nd must be paid within 30 days from	the date of service	s of Gressel Oil Fle	eld Service, Inc., an	d should these to	orms not be observed, interest		
at the rate of 18% per a	annum will be charged from the dat	te of the services.						
(2) Because of the uncerta	in conditions and hazards existing Gressel Oli Field Service, Inc. can	In a well which are	beyond the control results of its efforts	of Gressel Oll Field and its services a	d Service, Inc., it nd will not be be	is understood and agreed by		
property damage in the	performance of its services.							
(3) Should any Gressel Oil	Field Service, Inc. instruments or eq t to recover the same, and to reimb	guipment be lost or d	lamaged in the perfe	ormance of the ope	rations requested	, the customer agrees to make		
repairing damage to ite	ams recovered.							
(4) The customer certifies	that he has the full right and author	ity to order such wo	ork on such well and	d that the well in wi	nich the work is to	be performed by Gressel Oil		
of the customer.	proper and suitable condition for the	e performance of sa	id work and that Gr	essel Oil Fleid Sen	/ICe, Inc. Is mere	y working under the directions		
(5) The customer agrees t	o pay any and all taxes, fees and o	charges placed on	services rendered	by Gressel Oil Fiel	d Service, Inc. b	y governmental requirements		
including city, county, a (6) No employee is authorize	state and federal taxes and fees or sed to alter the terms or conditions of	r reimburse Gresse f this sureement beb	l Oil Field Service, ween Gressel Oil Fis	Inc. for such taxes	s and fees paid to I the customer	o said agencies.		
(7) I certify that the services	s have been performed by Gressel C	Oil Field Service, Inc	. under my direction	s and control, and t	hat all zones per	orated were designated by me		
and all depth measurer (8) It is further stipulated ar	ments were checked and approved. Indiagreed to between the parties her	reto that this eargem	ent shall not becom	ne effective until the	same le annrova	d by Gressel Oil Field Service		
Inc., In Harvey County, I	Kansas, and that the venue of any ac	ction, either in law o	r equity to enforce th	ne terms of the same	e is agreed by the	parties hereto to be in Harvey		
County, Kansas.	-1h	1	1 1		2017			
Dated in Burrton, Kansa	s, this d	ay of	Jan 12 7		2017			
		-1	Sul					
CUST	OMER	AUTHORIZE	D AGENT AND REPRE	SENTATIVE		OFFICER		
		GRESS	SEL OIL FIELD SERVIC	E, INC.				
	VORK PERFORMED				PRICING			
2.0777	TORK PERFORMED		SET UP:		FAICING			
Perforated With	TYPE GUN	as Follows:				\$ 700		
From 150 ft.t	o / 51 ft.,	Shots	PERFORATING:	Shots		21000		
120	1-81 . 4	1 -	1000-011	The second second		2-2		
From 680 ft.t	oft.,	Shots	Next	Shots @ \$	Ea.	\$ 250		
From 1400 ft.t	o	Shots	Next	Shots @ \$	Ea.	1350		
From ft. t	o ft.	Shots	LOGGING:	tt. @	\$ft,	s		
Fromtt. t	J. J	Griota	Logging Chg.	10, 6	WIL			
Fromft.t	oft.,	Shots	DOIDAR BUILD			A STATE THE PARTY OF THE PARTY		
Fromft.t	o ft.,	Shots	BRIDGE PLUG: Type	Depth		\$		
,161			CEMENT LOCATO					
						\$		
		Windows !	THE COMMENT			2000		
				SUB T	OTAL	\$ 4450		
						12.1		
			-	TAX		\$ 016		
						1450 60		
				TOTAL				



Onen Hole Size

Date 9-27-17 Pintrict GT Bend F.O. No. 45718

T.D.ft, P.B. to...

State KJ.

TREATMENT REPORT

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand Bkdown Bbl. /Gal.

Bbl. /Gal.

Bbl. /Gal.

Bbl. /Gal.

Bbl. /Gal.

Flush Bbl. /Gal.

Treated from ft. to ft. No. ft.

from ft. to ft. No. ft.

Actual Volume of Oil / Water to Load Hole: Bbl. /Gal.

Pump Trucks. No. Used: Std. Sp. Twin.

Auxiliary Equipment 32.7

Plugging or Sealing Materials: Type....

Company Representative PRESSURES TIME Total Fluid REMARKS Pumped Tubing Casing a.m /p.m. 1235 1:20 : 315