**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

1371633

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 #:			1	API No. 15	-						
Name:				Spot Description:							
Address 1:						wp S. R East Wes					
Address 2:											
City:	State:	Zip: +									
Contact Person:											
Phone: ( )					NE NW	SE SW					
Type of Well: (Check one)	oil Well Gas Well	OG D&A Cathodic	С	0							
Water Supply Well O	other:	SWD Permit #:		County: Well #:							
ENHR Permit #:	Gas Stor	age Permit #:									
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	No	Date Well Completed:							
Producing Formation(s): List A						(KCC <b>District</b> Agent's Name					
Depth to	Top: Botton	m: T.D		•							
Depth to	Top: Botton	m: T.D		Plugging Commenced:							
Depth to	Top: Botton	m:T.D		r lugging C	ompieteu						
Show depth and thickness of a	all water, oil and gas forma	tions.									
Oil, Gas or Water	Records		Casing F	sing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out					
l											
l											
cement or other plugs were us	ed, state the character of	same depth placed from (bott	tom), to (t	op) for each	plug set.						
Address 1:			Address	2:							
City:				State:		Zip:+					
Phone: ( )											
Name of Party Responsible for	r Plugging Fees:										
State of	County, _			_ , SS.							

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.

(Print Name)



## FIELD SERVICE TICKET

1718 15485 A

			NG & WIRELINE	1e 620-672	-1201 7/	2		DATE	TICKET NO					
DATE OF JOB	STRICT Proven	NEW OLD PROD INJ WDW CUSTOMER ORDER NO.:												
CUSTOMER	1.00	LEASE JIS mare WELL NO.												
ADDRESS		COUNTY BOOM STATE AS												
CITY	STATE	SERVICE CREW Dec on McGray in Come See												
AUTHORIZED B	ЗҮ				JOB TYPE: 241/PT/A									
EQUIPMENT	MENT# HRS EQUIPMENT# HRS EQU						HRS	TRUCK CAL	LED	DA	TE AM TII	ME		
21010	3.	12						ARRIVED A	T JOB	10%	AM AM	00		
21010	3/4							START OPE	RATION	Just	AM /	00		
The Resident								FINISH OPE	RATION	101	AM Z	30		
1763								RELEASED				30		
, X	a - 1							MILES FROM	M STATION TO	O WEL	135			
products, and/or su become a part of th	pplies include	es all of	ecute this contract as an age and only those terms and co ne written consent of an office	inditions appear	aring on t	he front and back	of this do	cument. No addi	tional or substitu	te terms	for services, mass and/or condition	s shal		
ITEM/PRICE REF. NO.	M/PRICE REF. NO. MATERIAL, EQUIPMENT AND SERVICES US							QUANTITY	UNIT PRI	CE	\$ AMOUN	1T		
CP103	62			SIC	235			2,820	00					
(1200	Come		601				Lb	406			101	56		
F 100			e Chaire Pich			. ~ .	. Ha	10		-	270	ars		
F101	Here		a ament Police	57105	14.6.6.57.5	m	120	*		900	a			
E 113	-		Sma Bur Del		en p	en landson	1 min	609		4	1,522	36		
C) 102	Drain Chessei Loor - 2000						4h				1,500	Ø.		
01110	100	6 M x 95 5000		SK	235			329	Cla					
5003	2000	115	Superior, In	- Ens	60	fee	19	1		-	175	00		
3		_				_								
								- 3						
<u> </u>		4.0												
			4-1								72			
			- X			V		4.5						
						_								
	-		100 mm							+-				
CHE	MICAL / ACI	D DATA					U		> SUB T	OTAL	7,618	60		
					SER	VICE & EQUIP	MENT	%TA	ON\$					
					MAT	ERIALS								
									Disconni	OTAL	4,189	90		

THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

SERVICE

REPRESENTATIVE



## TREATMENT REPORT

Customer LD Dailing					L	Lease No.						Date						
Lease HSmher						Well #						10/20/2017						
Field Order # Station Prariles					-5	Casing Dep				Depth				SYLO	State Ks			
Type Job	241/	PT	A	R				2	For	mation				Legal De	escription 2	35-19-12		
PIPE DATA PERFORATIN						NG DATA \ FLUID U				JSED			TREATMENT RESUME					
Casing Size	Tubing Size Shots/Ft			,	Acid				RATE PRE			PRES	ESS ISIP					
Depth	Depth	450	From		То		Pre	Pad			Max			5 Min.				
Volume	Volume		From		То		Pad				Min		10		10 Min.	Min.		
Max Press	Max Pres	ss	From					Frac		Avg					15 Min.			
Well Connection	Annulus	Vol.	From	9	То					HHP Used		d	Annul			lus Pressure		
Plug Depth	Packer D	epth	From		То		Flu	sh Fresh	WSH		Gas Volume				d			
Customer Repr	esentative	Da	ris S	Scor	-	Station	Man	ager Jus	4.0	Wes	Steimer	Treate	r D	Grin	Fran	Klin		
Service Units	929/1		1981	198		1996	0	2/010										
Driver Names	)91m	mo	GICW.	mcG		Clymo	7	Clympin				-						
Time	Casing Pressure	T	ubing essure	Bbls	s. Pur	ped	- 23	Rate		Service Log								
LOUPM									Or	1 10	OCGI.	00/	59	Pery	more	·he		
		1							2355K 60/40 POZ 44/0601									
								13,78 PAS, 1143 Veill, 6 52 W8 de										
				44														
			144 -4						14		- 7	ubing	2					
1-10pm		50	30' 2			3		4		Pump 2 bhis ware								
					13					my SOSIC Cement								
					2					P	2 600	5 WS			J.	3 <sup>k</sup>		
	1	_		ì														
	100						-		750	9'=	Tuhin	5						
	-, "	2	00 15		15	5		4	Cir	6010	Gir to	Suil	Sr.e					
					7	-			0									
									PUI.	170	1hins	CUL				,		
		_																
						- 1601			CITCUISIE CEMENT to SULPER 130 SK									
		1	5		4			3	CI	rcul	1910 1	Cemen	. 1	6 Su	(Pera	130 SK		
						_				_	and I			1 -				
		_					-				100	COM	DIE	10/1	) C(in	& Crow		
										Thenr Youll								
											-							
~																		