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

1372656

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:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Deptn to top: Bottom: I.D	

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	g Fees:							
State of	County,		, SS.					
	(Print Name)		Employee of Operator or					

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.



TREATMENT REPORT

	_ Ćem	ent 🙇						Acid Stage No	». <u> </u>	
, ·					Type Treatment:	Amt	Type Fluid	Sand Size	Роция	ts of Sand
⊿te 1	0/30/2017	7 District G.B.	F.O. 1	vo C45933	Bkdown					
	Hess Oil				{					
	e & No. Eas	on #2		<u> </u>	t	Bbł./Gal.				
.ocation			Field	· · · · · · · · · · · · · · · · · · ·	1	Bbl./Gal.				
County McPherson State KS			Flush	Bbl./Gal.						
			·····		Treated from				No, ft.	0
lasing:	Size 4	4.5" Type & Wt.		Set atft.		<u> </u>	ft. to		No. ft.	0
ormation			Perf.		from		ft. to		No. ft.	0
ormation			Perf		Actual Volume of O	Dil / Water to Load H				Bbl./Gal.
										=
ormation			Perf		Pump Trucks.	No. Hands. Cod	365 5-		Turin	
			Top atft.		Auxiliary Equipmen			67/308		····
			from		Personnel Natha			11,500	••••••	
uong.		ted from			Auxiliary Tools					-
			ft. to		Plugging or Sealing					
امد	• Cina	TD	ft. P			, Materials, Type		Gals.		
)pen Hole	e 542e	T.D					· · · ·			
		_	I	**	-		Nathan			
_	Representat T		Jay Sco		Treater		Nauran			
TIME		PRESSURES	- Total Fluid Pumped			REMARKS	;			
.m./p.m.	тиынд 2.5"	Casing		On Location.						
):00	2.5	4.5		On Location.						
	 								· · · ·	
	 		.					-		
				Mix 25sks Comm	10h at 2750				<u> </u>	
<u> </u>	 		· · · · ·					<u> </u>		
				Mix 25sks Comm	non at 1100'					
	ļ									
				Mix 65sks Comr	non at 250'	Circulated c	ement to su	<u>irface out</u>	casin	5.
				=						
				Tie on 4.5" and r			irculated ce	ment to s	urface	
				between 7" and	10 3/4" surf	face.				
2:15				Shut in.						
-										
				Thank You!						
				Nathan W.						
			.					. <u> </u>	<u></u>	
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			<u> </u>							
<u> </u>				. <u></u>					<u></u>	
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