

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
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.

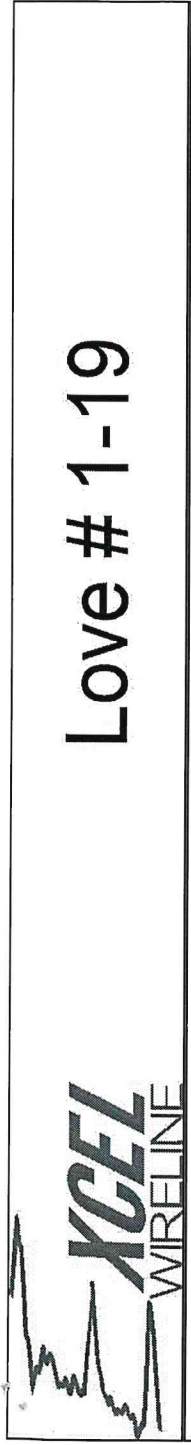
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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.

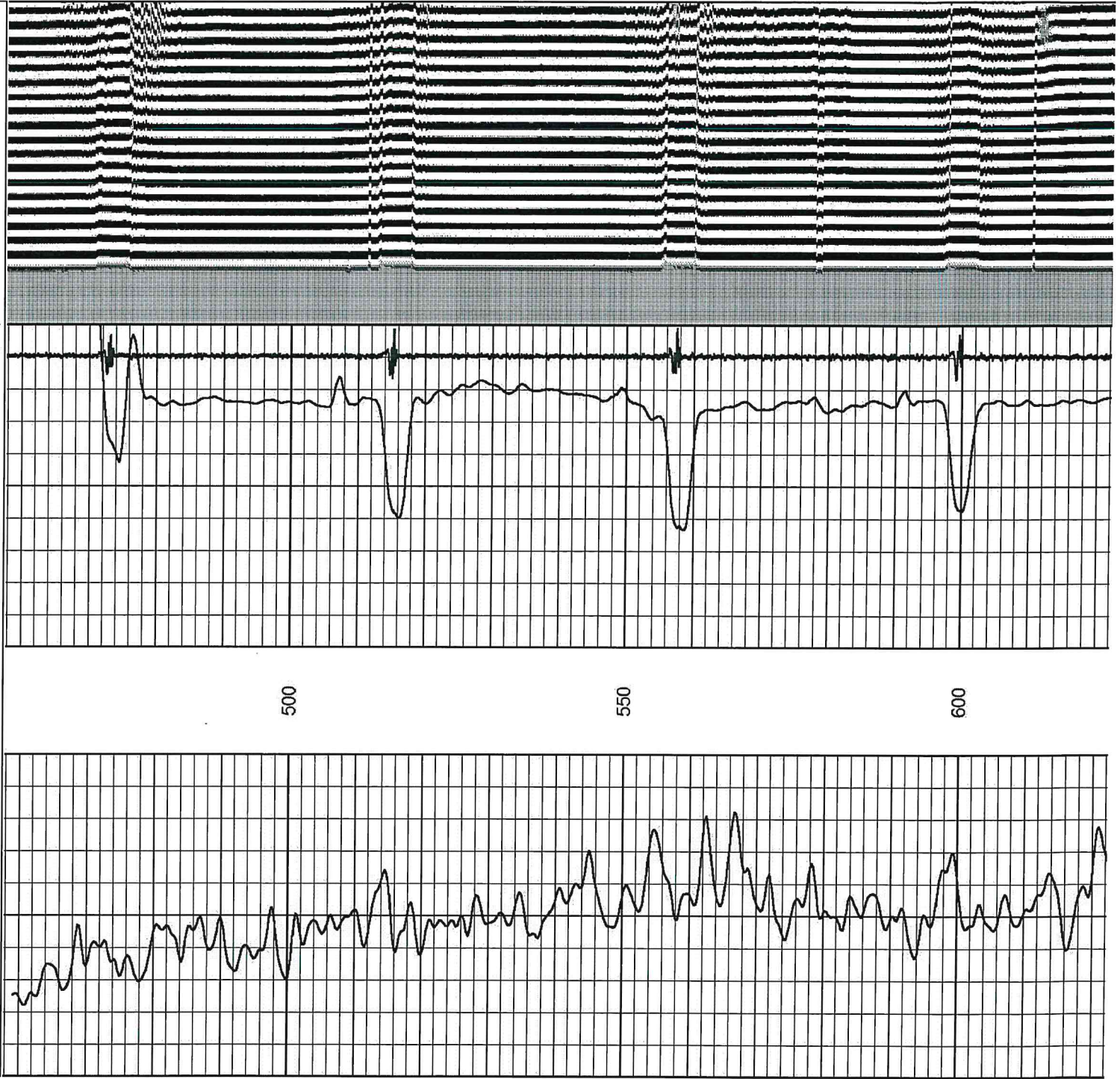
Submitted Electronically

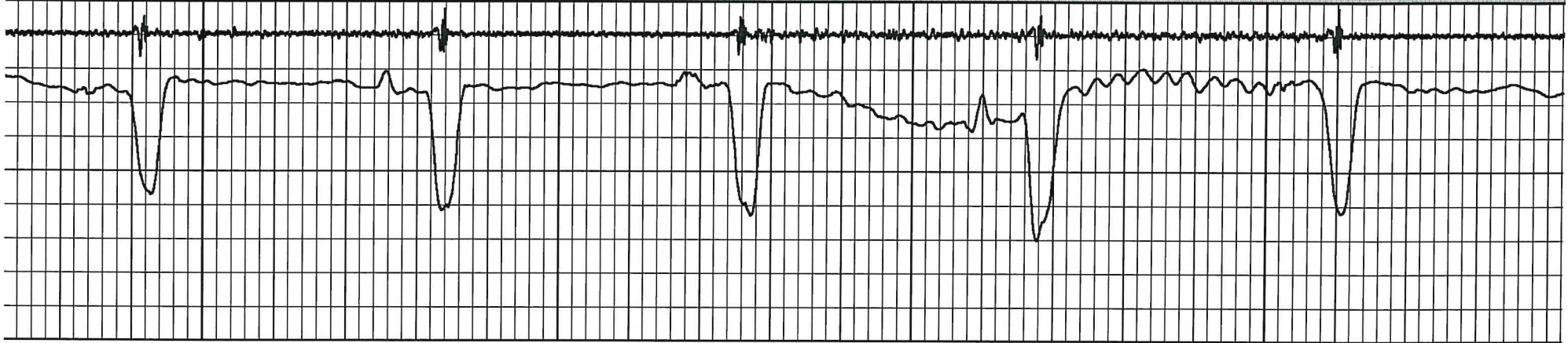
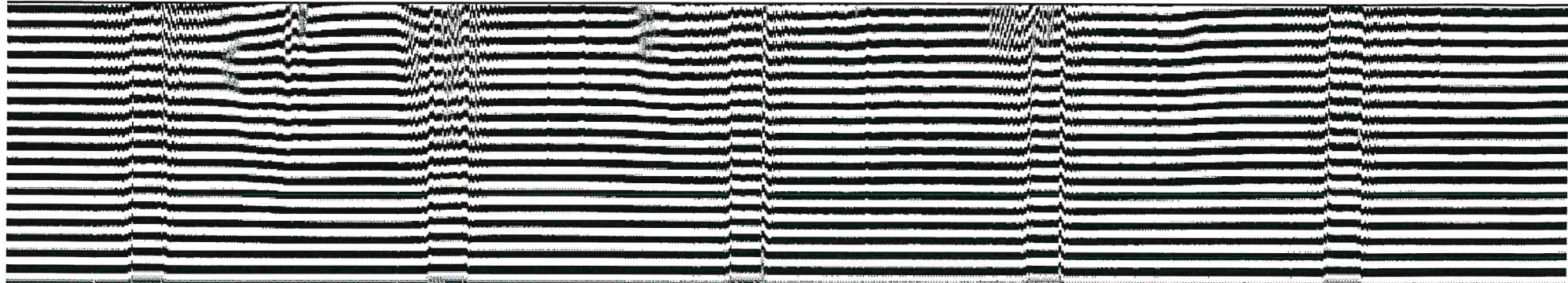


Love # 1-19

Database File stelbar.db
 Dataset Pathname Love/run1/pass4
 Presentation Format excel
 Dataset Creation Mon Nov 19 09:45:17 2018
 Charted by Depth in Feet scaled 1:240

0	Gamma Ray (GAPI)	150	amp3ft	3	Casing Collars	-0.3	200	Variable Density (usec)	1200
0	L TEN (lb)	2000	(mV)		Amplitude				
			-100	10	Amplified Amplitude (mV)				



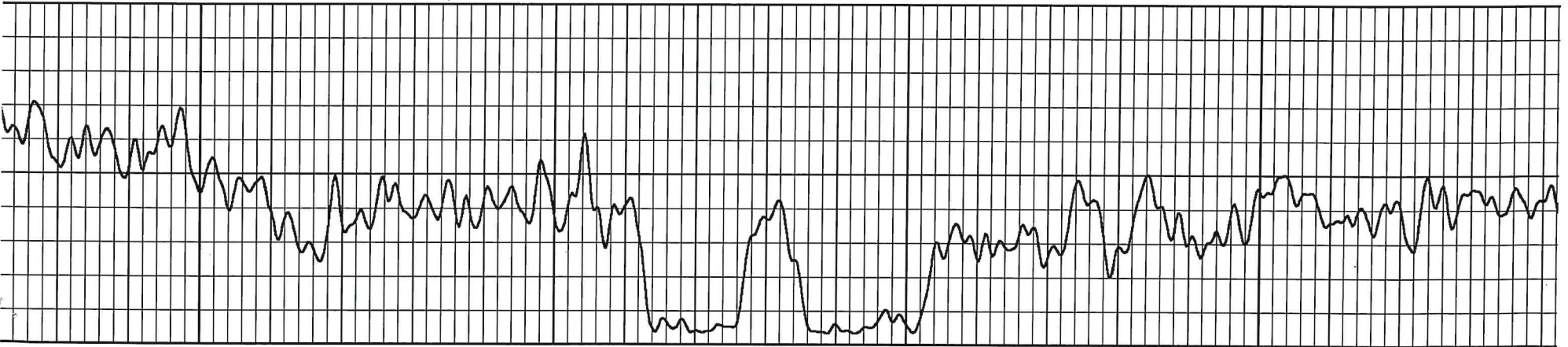


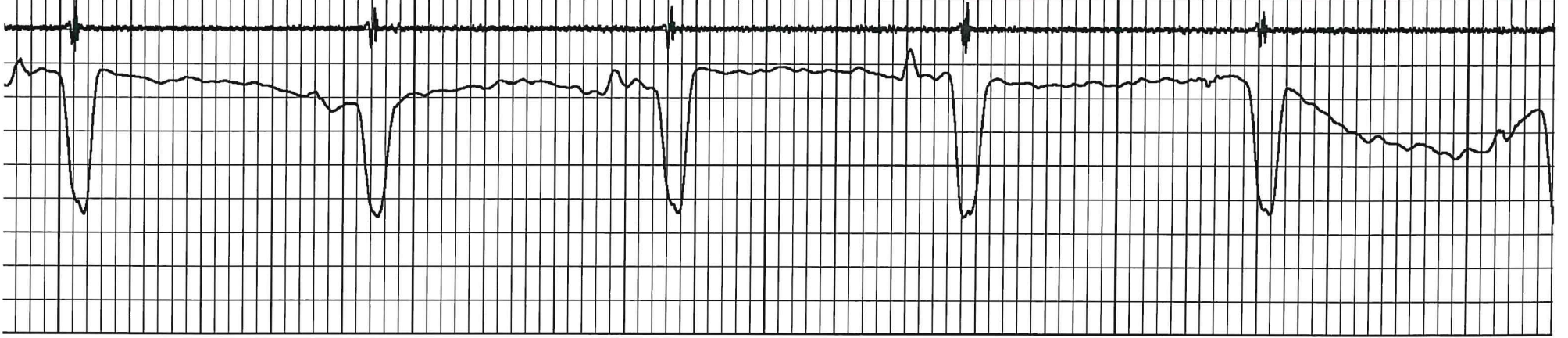
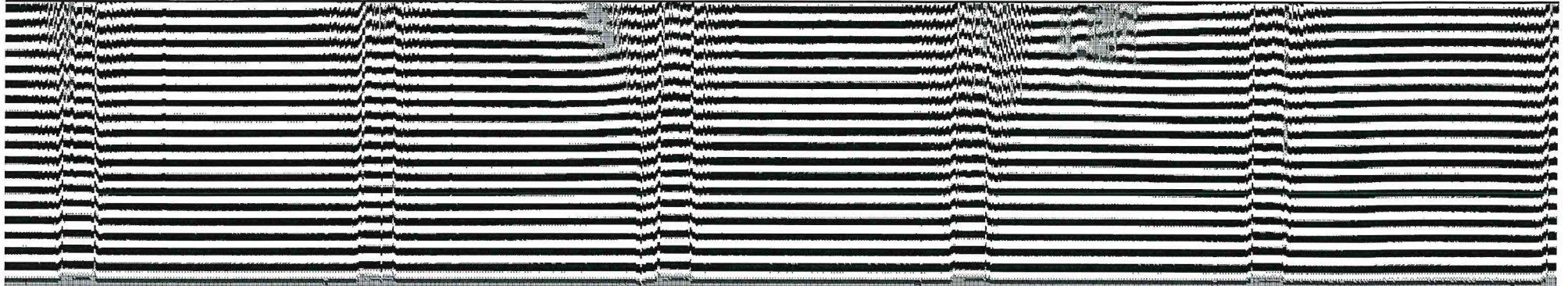
650

700

750

800





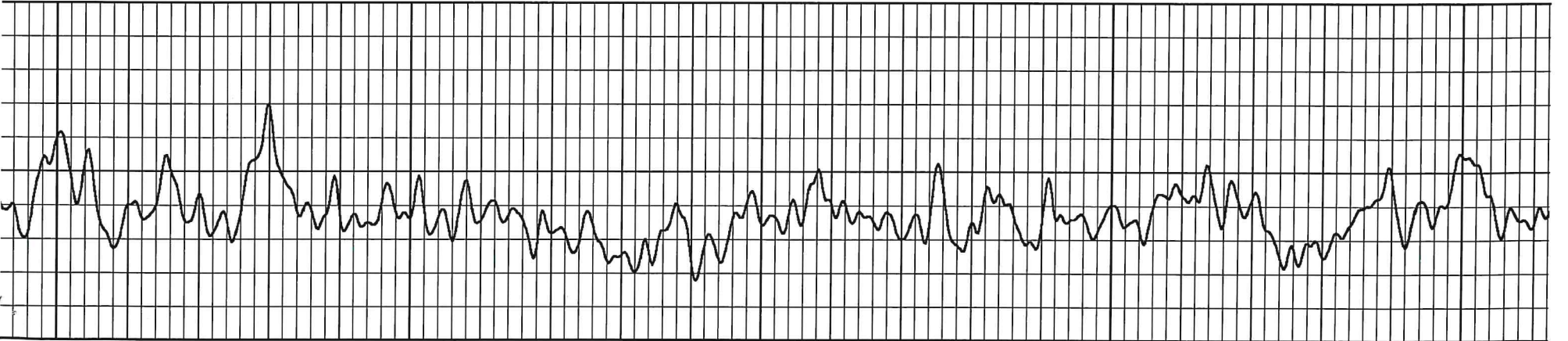
850

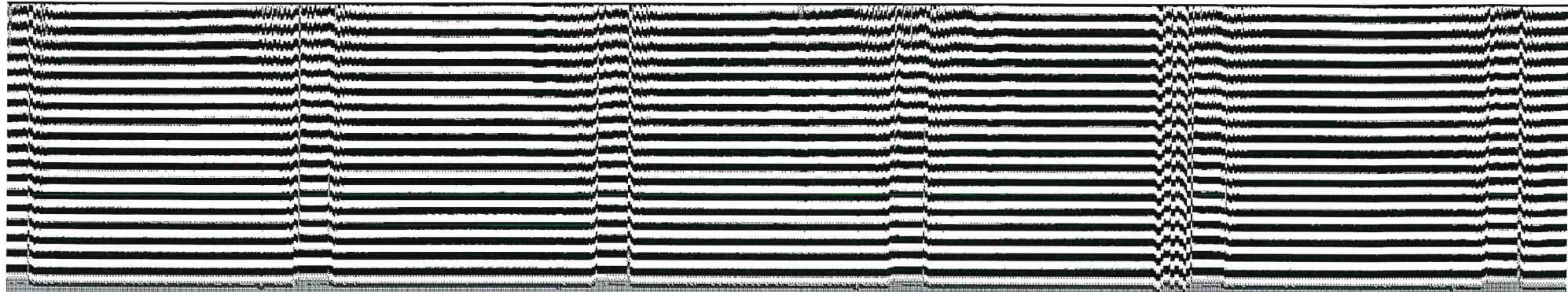
900

950

1000

1050



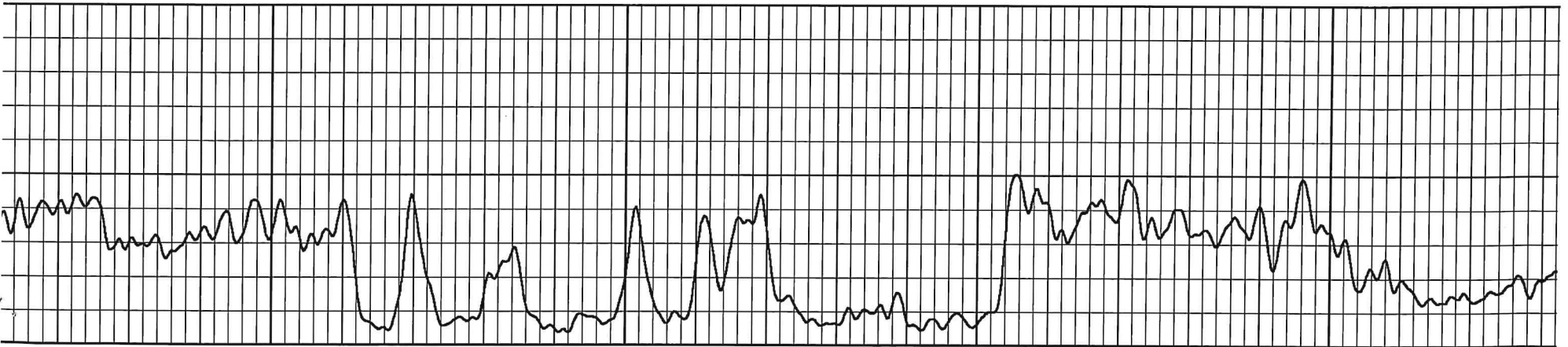


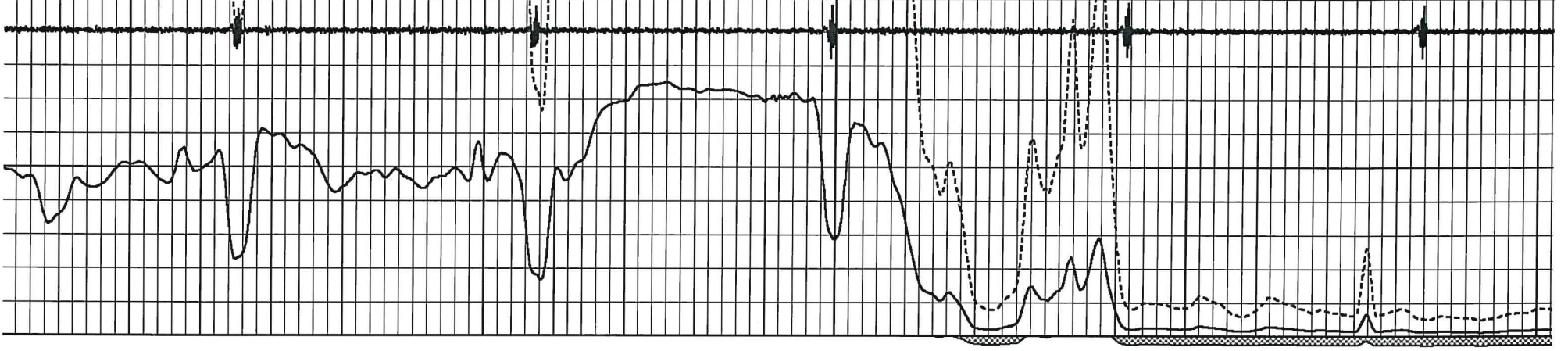
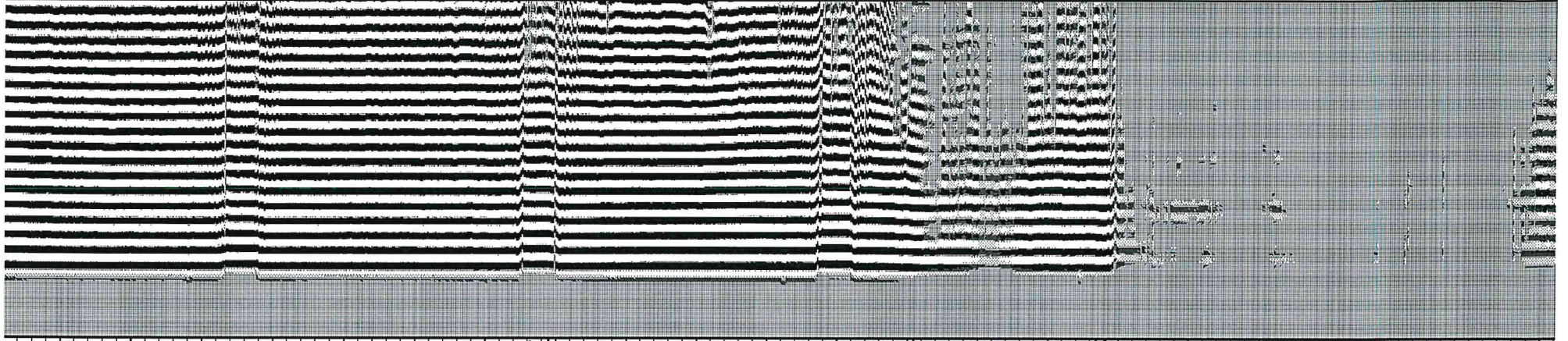
1100

1150

1200

1250





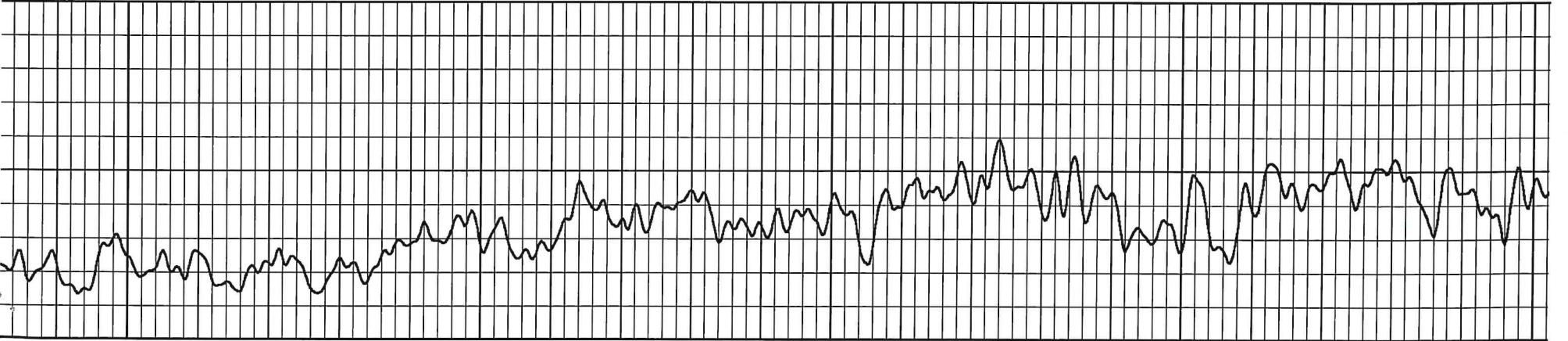
1300

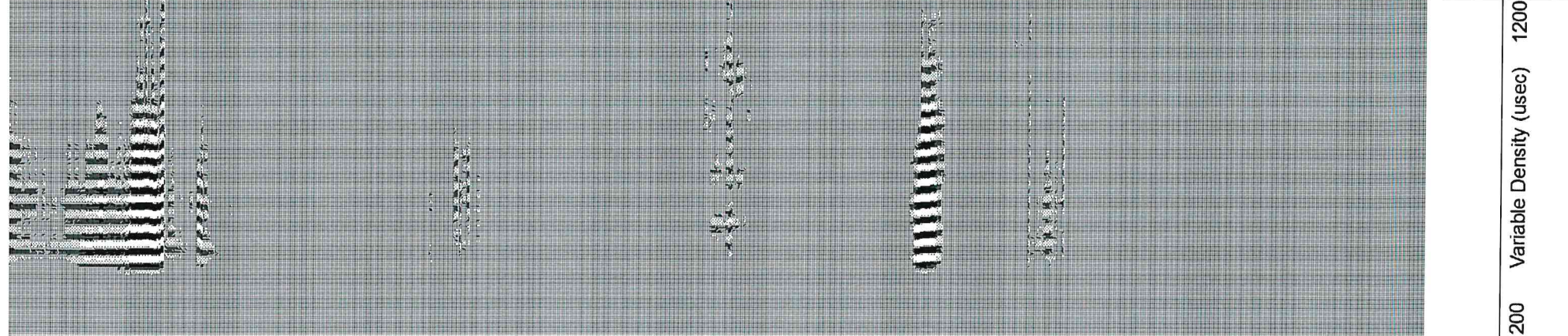
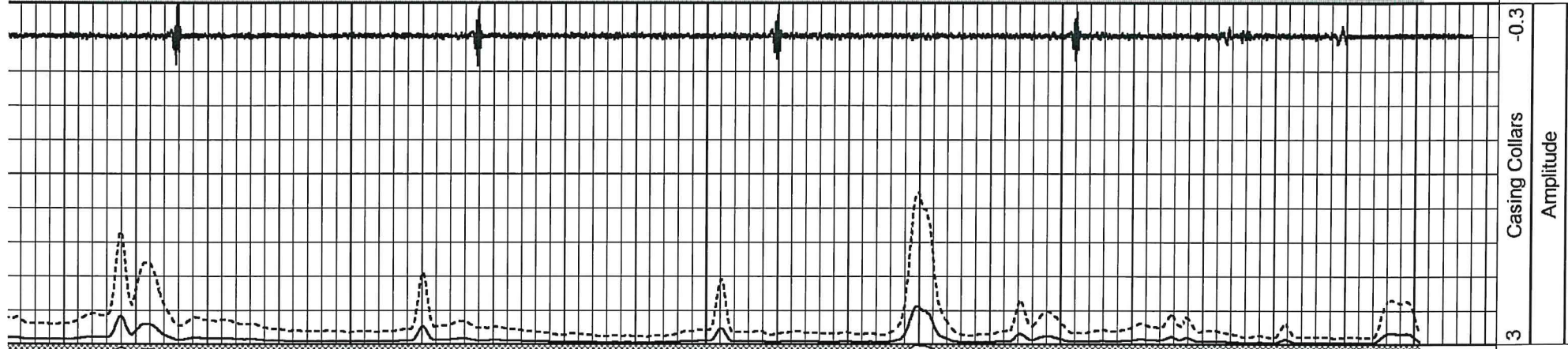
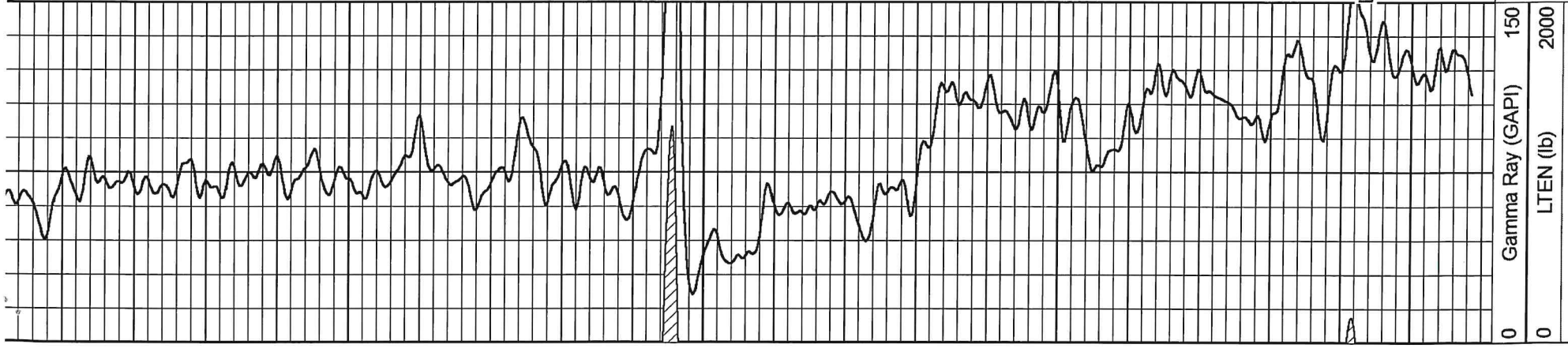
1350

1400

1450

1500





0	Gamma Ray (GAPI)	150
0	LTEN (lb)	2000
amp3ft	Casing Collars	3
(mV)	Amplitude	-0.3
	Variable Density (usec)	200
		1200

BASIC

energy services, L.P.

TREATMENT REPORT

Customer: Stelbar oil corp Lease No. _____ Date: 11-20-18
 Lease: Low Well # 1-19
 Field Order # 17473 Station Pratt Casing 4 1/2 Depth 673 County STANTON State KS
 Type Job 2-41 Plug to ABANDON Formation _____ Legal Description: 14-305-40W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME			
Casing Size	Tubing Size	Shots/Ft	Acid	Pre Pad	Pad	Rate	PRESS	ISIP	
Depth	Depth	From	To	470 gal		Max		5 Min.	
Volume	Volume	From	To			Min		10 Min.	
Max Press	Max Press	From	To			Avg		15 Min.	
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To			Gas Volume		Total Load	

Customer Representative: Roscoe McAndrew Station Manager: Wesperman Treater: MATTAL

Service Units	Driver Names	Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
8335	MATTAL	9:32			27463	70919	ON LOCATION / SAEKY MARTIN
					Hanson	1300W	1ST PLUG @ 1675'
		12:46		200	1.5	2	ESTABLISH CIRCULATION
		12:49		200	6.3	2	MIX 25 SWS 60/40 Puz
		12:52		100	5.7	3	DISPLACE MT
							2nd PLUG @ 650'
		2:07		250	8	5	ESTABLISH CIRCULATION
		2:22		200	45	3	MIX 175 SWS 60/40 Puz
		3:05			2.5		GMT TO SAEKY
		3:05			7.5		TOP OFF 4 1/2
							JOB COMPLETE
							THANK YOU!
							MIKE MATTAL
							JOHN + WADE

