

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



CEMENT TREATMENT REPORT

Customer: GeoSouthern Operating II LLC	Well: Sieck 1-36	Ticket: ICT 3172
City, State:	County: Sherman KS	Date: 1/30/2020
Field Rep:	S-T-R:	Service: PTA

Downhole Information	
Hole Size:	7.875 in
Hole Depth:	5050 ft
Casing Size:	8.625 in
Casing Depth:	320 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Depth:	ft
Displacement:	bbls

Calculated Slurry	
Weight:	13.8 # / sx
Water / Sx:	gal / sx
Yield:	1.41 ft ³ / sx
Bbls / Ft.:	
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	60.2 bbls
Total Sacks:	240 sx

Product	% / #	#
Class A		
Poz		
Gel		
CaCl		
Gypsum		
Metso		
Kol Seal		
Flo Seal		
Salt (bww)		
Total		-

TIME	RATE	PSI	BBLs	REMARKS
930A				Got to location
935A				safty meeting
940A				Riged up
1045A	3.0	250.0	5.0	H2O ahead
1046A	5.0	300.0	8.0	Cement 50 sks H plug at 3075 ft
1050A	3.0	250.0	3.0	Wash Up / Displaced H2O
1135A	3.0	250.0	5.0	H2O Ahead
1137A	5.0	300.0	16.0	Cement 100 sks H plug at 2200 ft
1148A	3.0	250.0	3.0	Wash Up/ Displaced H2O
1225A	3.0	250.0	5.0	H2O Ahead
1227A	5.0	300.0	8.0	Cement 50 sks H plug at 440 ft
1232A	3.0	250.0	3.0	Wash Up/ Displaced H2O
105P	3.0	250.0	5.0	Cement Mouse Hole 40 sks
110P	3.0	250.0	3.0	Cement 10 sks H plug 40 ft
115P				Rig Down
145P				Left Location

CREW		UNIT	SUMMARY		
Cementer:	Josh Mosier	29	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Michael Rebarckek	208	3.54545 bpm	264 psi	64 bbls
Bulk #1:	Kale Ochess	205			
Bulk #2:	Dane Retzloff				