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**

Form CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

K.A.R. 82-3-117

Lease Operator: O'BRIEN ENERGY RE	SOURCES CORPOR	A	API Number: 15 - 119-00146-00-01						
Address: 18 CONGRESS STREET, SUI	ITE 207		Lease Name:BORCHERS NW OFFSETS						
Phone: (603 ) 427 -2099		ZII V	Well Number: 4-35						
Type of Well: Drilled and Abandoned (Oil, Gas D&A, SWD, ENHR, Water Supply Well)	Dock	s	Spot Location (QQQQ): NW _ SW						
The plugging proposal was approved on:	4/15/2009		600' Feet from East / West Section Line						
<sub>by:</sub> Jerry Stapleton		gent's Name)	Sec. 35 Twp. 32 S. R. 29 ☐ East  West						
Is ACO-1 filed?   ✓ Yes   No If	not, is well log attached	□No	County: MEADE						
Producing Formation(s): List All (If needed a	ittach another sheet)		Date Well Completed:						
Depth to	Top: Bottom	)   <sub>P</sub>	Plugging Commenced: 4/15/2009						
Depth to			· —   _	Plugging Completed: 4	/16/2009				
Depth to	Top: Bottom	:т.[	D   <sup>r</sup>	riugging Completed.					
Show depth and thickness of all water, oil	and gas formations.								
Oil, Gas or Water Records		1	ace Conductor & Production	1					
Formation Content	From	То	Size	Put In	Pulled Out				
			1.						
2nd Plug: 510' w/60 sacks cement thro Top Plug: 60' w/30 Rathole w/30 Mouse	nt								
					RECEIVED				
Name of Plugging Contractor: Duke Drillin	g Co., Inc.		· · · · · · · · · · · · · · · · · · ·	License #: 5929	MAY 2 8 2000				
Address: PO Box 823, Great Bend,	Kansas 67530				Kennoura				
Name of Party Responsible for Plugging Fe	ees: O'Brien Energ	y Resource:	s Corp.		- TOO VIIGHIA				
Now Hampshire	Rockingham		. , SS.						
Joseph Forma, Vice President	•			perator) or (Operator) on	above-described well, being first duly				
sworn on oath, says: That I have knowledge	e of the facts statemen	ts, and matters							
same are true and correct, so help me God	d. (Signature)	2	-ti-		·				
	(Address) 18	Congress Stre	et, Suite 207, Po	ortsmouth, NH 03801	Wy married wy				
SUBSCRIBE	D and SWORN TO bef	un		emmission Expires:	PATRICIA A O'BRIEN  Notary Public - New Hampshire  Str Commission Funire May 18, 2010				
Mail to: KC	C - Conservation Div	ision, 130 S.	Market - Room	2078, Wichita, Kansa	Sy Commission Expires May 18, 2010 6 67202				



1700 S. Country Estates Rd. P.O. Box 129

## FIELD SERVICE TICKET 1717 00096 A

Liberal, Kansas 67905 Phone 620-624-2277

	PRESSURE PUIVI	PING & WIHELINE					DATE	TICKET NO		<del></del> :		
DATE OF 5-15-09 DISTRICT					WELL X 0	ĽD.□ F	PROD   INJ	WDW	_8	USTOMER RDER NO.:		
CUSTOMER (	) Brie	n Energy	4		LEASE BO	ch	ers NW	orsot	5_	WELL NO	1-35	
ADDRESS					COUNTY Meade STATE KS							
CITY STATE					SERVICE CREW 72. COX. D Caclife							
AUTHORIZED B	Y J	Benne	H JR	B.	JOB TYPE:	2-4L	1 (4%	PTA	_)			
EQUIPMENT	# HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALL	ED 5-1	<u> </u>	Ja 88 -1"	ME)	
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products, and/or sup become a part of th	d is authorized to epplies includes all is contract without	TRACT CONDITIONS: (The execute this contract as an of and only those terms and the written consent of an	agent of the cus d conditions appe officer of Basic Er	tomer: A earing on nergy Se	s such, the undersi the front and back rvices LP.	gned agre of this doo	es and acknowle cument. No addition IGNED: (WBCL OWN)	dges that this cor	terms	And/of condition	GENT)	
ITEM/PRICE REF. NO.	M	IATERIAL, EQUIPMEN	T AND SERVIC	ES US	ED	UNIT	QUANTITY	UNIT PRICE	Ξ.	\$ AMOUN	VΤ	
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REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OF AGENT)

SERVICE



## TREATMENT REPORT

Customer ()	Bririn	EN	O LVCV F	ease No.	and the state of t			Date						
Lease 130/	MUG	NW	OXP CH	/ell#	4-35			1	-15-	09				
Field Order#	Field Order# (Station Ci benov, ICS - 171					Casing Depth			County Mande					
Type Job	44	۷	1/2 NO	44	t.	Formation Legal Description								
PIPE DATA PERFORATING DATA FLUID						USED		TRE	ATMENT	RESUME				
Casing Size	Tubing Size	Shots/F	t	دا د	29/2/2	200 10 GO 40 Fhz 4			ORATE IPRESS ISIP					
Depth	Depth	From	n To Pre Pad			37,50	Max			5 Min.				
Volume	Volume	From	То		Pad		Min			10 Min.				
Max Press	Max Press	From	То		Frac		Avg							
Well Connection	Annulus Vo		То				HHP Used			ressure				
Plug Depth	Packer Der		То		Flush	h under	Gas Volun	Volume Total L		Total Load	.oad			
Customer Repre	sentative T	7	SOM	Station	Manager -	Benn	* 1	Treater	A. C	lupma				
Service Units	18937	27462	14355	1425	74									
Driver Names	Mirro	7.Cox	0.0	ville	10 34 3			11.						
	Casing Pressure	Tubing Pressure	Bbls. Pum	ped	Rate			Ser	vice Log					
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1700 S.	Countr	v Estate	es • P.O.	Box 1	29 • Libera	al, KS 679	05 • (620	0) 624-22	.77 • Fa	x (620) 6	624 <b>-</b> 2280 -			