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

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JUL 1 4 2010

Form CP-4 March 2009

KCC WICHITA Form must be Signed All blanks must be Filled

OPERATOR: License #: _	31739			API No. 15	<sub>-</sub> 151-10164	-00-01						
	mi Development, LL	С	Spot Description:									
Address 1: PO Box			NW NW SE Sec. 6 Twp. 27 S. R. 12 East ✓ West									
Address 2:				2,310 Feet from North / South ine of Section								
City: Pratt	State: KS	zíp: <u>67124</u> +	2,310 Feet from East Wood Line of Section									
Contact Person: _Kenn	eth C. Gates		Footages	Calculated from Near	rest Outside Section Corner:							
Phone: (620_) _672-9	9571 ext 5		NE NW SE SW  County: Pratt  Lease Name: ICHU (Helmke) Well #: 5 (J-5)  Date Well Completed: June 30, 1951									
	Oil Well 🕢 Gas Well	OG D&A Catho										
		SWD Permit #:										
ENHR Permit #:		rage Permit #:										
	No If not, is well		✓ No	The plugg	ing proposal was app	proved on: June 28, 2010 (Date)						
Producing Formation(s): Li Langdon Depti	st All (If needed attach another	· sheet) m: T.D		by: Steve Pfeifer (KCC District Agent's Name)								
Dept	•	m: T.D		Plugging (	Commenced: July	7, 2010						
· ·	·	m: T.D		Plugging (	Completed: July	8, 2010						
Show depth and thickness	of all water, oil and gas forma	ations.										
Oil, Gas or Wa	ater Records		Casing	Record (Surfa	ace, Conductor & Prod	uction)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out						
	1.75	Surface	8 5/8	3"	427							
		Production	5 1/2	2"	4210							
		et i i i i										
		<u> </u>			·							
		·										
Set 5 1/2" CIBP plug. Came up t		cks cement on plated	ug. Se 300 sa	et 5 1/2" icks of ce	CIBP at 1460 ement to 195'	o' with 2 sacks cement on c. The next day put 20						
	5000			D#.V	Vall Oamiaa In							
Plugging Contractor Licens	se #:5893		Name:	e: Pratt Well Service, Inc.								
Address 1: PO Box 9	907		Addres	ss 2:								
City: Pratt				State: _ <b>K</b>	S	zip: <u>67124</u> +						
Phone: (620 ) 672	-9571											
	e for Plugging Fees: Prat											
State of Kansas	County,	Pratt		, ss.	*.							
Kenneth C. Gates				Employee of Operator or Operator on above-described well,								
being first duly sworn on o the same are true and con Signature:	ath, says: That I have knowle	dge of the facts statements				of the above-described well is as filed, and						



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## KCC WICHITA

### TREATMENT REPORT

Customer	ZATT.	///	41	5-2	Lea	se No.			<del></del>			Date				<del>.</del>	-	
Lease	EL 1111	Ze-			Wel	1#	T _ <	5				1		7-7.	-/0	,	,	
Field Order		A Station Platifies				Casing Depth					County State State							
Type Job	105,	200	<i>)</i>	197	M				For	mation			, ,	Legal D	escription	-27	7-12	
PIPE DATA PERFORATING DATA								FLUID	USED			TREATMENT RESUME						
Casing Size	7 Tubing S	ize	Shots/Ft			Acid					RATE	PRE						
Depth	Depth		From	m To			Pre P	ad			Мах			5 Min.				
Volume	Volume		From		То		Pad				Min					10 Min.		
Max Press	Max Pres	SS	From		То		Frac				Avg			15 Min.				
Well Connecti		nulus Vol. From			То						HHP Used				Annulus Pressure			
Plug Depth	Packer D	epth	From		То			Flush			Gas Volume				Total Load			
Customer Re	presentative	1	CKI	der	}	Station	Manag	er 5/20	1/0	1		Treat	ter	012	DUC	<u> </u>	<del></del>	
Service Units	1910			790			$\angle$	980	26.	/	9860	2_						
Driver / Names	Casing	<u> </u>	ubing	166	Veil	<u> </u>	<u> </u>		1/10	66.	Both	1						
Time	Pressure		essure	Bbls.	Pumpe	3	Ra	ate					Servio	e Log		•		
845						+		-	A. F	16	LOC	472	01	الم الاست	· · · · · · · · · · · · · · · · · · ·	12 m	- (18°	
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				<u> </u>						16	10 2		<i>أ</i> مراح	<u> </u>	<i>[</i>			
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## TREATMENT REPORT

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Customer	12111	Wi	-21	5	100	ease No.						Date							
Lease	72011	1.1	45.		W	ell#							S	- 8	-/0				
Field Order#	Station	n S	DA	7/1	13			Casing	17	epth		County	Me	2411		State	P55		
Type Job	1105	Pu	J	ST	77			•	Format	tion			,	Legal De	escription	2-2	7-12		
PIPE	E DATA	F	PERF	ORAT	ring	DATA		FLUID	JSED		TREATMENT RESUME								
Casing Size	Tubing Si	ze S	Shots/Ft				Ac	id			RATE PRE			SS ISIP					
Depth	Depth	F	From To				Pr	e Pad		Ма	Max				5 Min.				
Volume	Volume		From		То		Pa	d		١				10 Min.					
Max Press	Max Pres	s Fı	rom		То	ò		ac		Avg					15 Min				
Well Connection	on Annulus V	/ol. Fr	From		То					L_	HHP Used				Annulus Pressure				
Plug Depth	Packer De	epth Fr	om	·	То		<u> </u>	ısh	****	Ga	Gas Volume			Total			Load		
Customer Rep	oresentative	10	WA	20)		Station	Mar	nager Se	011	7		Treat	er /	(C)	2-2)Ce	<u> </u>			
Service Units	1590	2		77	8	>		2746	.3	_/_		60	<u> </u>	197	2/8	-			
Driver Names	Mr.	Tub		18	1/2	<u> 190</u>		MCZ	VIN	<u>_</u>			)//	15					
Time	Casing Pressure	Tubi Press		Bbls	. Pump	ed		Rate	<i>f</i> 5 <b>1</b>				Servic	e Log					
1400									616	10	COM	2.7.7	29/						
									1	-311	12W	1	-11	15/1	HC/C	<u> </u>	سرد		
		-								75	72	<u>フレ</u>	5	//	<u> 1995</u>	200	Rp		
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