

Kansas Corporation Commission
District Plugging Report

API Well Number: 15-159-04417-0001
 Spot: NW-SE-SE Sec 4 Twp 18 S Rng 8 E / W
990 Feet from N / S Line of Section
990 Feet from E / W Line of Section
 GPS: Lat: _____ Long: _____ Date: _____
 Lease Name: Kratzer Well #: 4
 County: Rice Total Vertical Depth: 1415 feet

Operator License No: <u>30931</u>	String	Size	Depth	Pulled	Comments
Op Name: <u>Daystar Petroleum Inc.</u>	<u>SURF - Surface Casing</u>	<u>8.625</u>	<u>205</u>		
Address 1: <u>522 N. Main St.</u>	<u>PROD - Casing</u>	<u>4.500</u>	<u>1415</u>		
Address 2: <u>PO Box 560</u>					
City: <u>Eureka</u>					
State: <u>Ks</u> Zip Code: <u>67045</u>					

Well Type: GAS - Natural Gas - Production UIC Docket No.: _____ Date/Time to Plug: 3/10/17 / 11:00 am
 Plug Co License No.: 31529 Plug Co. Name: Mike's Testing & Salvage Inc.
 Proposal Rcvd from: Mike Kelso Company Name: Mike's Testing & Salvage Inc. Phone: (620) 562-8088

Proposed
 Plugging
 Report:

per KCC rules & regs.

Plugging Proposal Received By: Jeff Klock Witness Type: COMP - Complete 100%
 Date/Time Plugging Completed: 3/10/17 / 1:30 pm KCC Agent: Virgil Clothier

Actual Plugging Report:	Perfs:	Top	Bottom	Thru
MIRU, run tubing to TD & fill with cement from bottom to top. Pull tubing out and top off. Used 140 sx's.				

Remarks: Previous cement job tickets verified cement circulated on backside when 4.5" casing was previously set with 400 sx's in 2009. Copeland # C-44667. - DID NOT REWUE TA STATUS.

Plugged Thru: TBG - Tubing ^{REMOVED} Plugged Due to Compliance Issue: Yes No

District: 02 Virgil Clothier
 (Technician)
 Form: District Plugging Report - _____

KANSAS CORPORATION COMMISSION 1334501
OIL & GAS CONSERVATION DIVISION

Form GP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

OPERATOR: License #: 30931
Name: Daystar Petroleum, Inc.
Address 1: 522 N. MAIN ST
Address 2: PO BOX 560
City: EUREKA State: KS Zip: 67045 + 0560
Contact Person: Matt Osborn
Phone: (620) 583-5527

API No. 15 - 15-159-04417-00-01
If pre 1987, supply original completion date. _____
Spot Description: _____
NW SE SE Sec. 4 Twp. 18 S. R. 8 East West
990 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rice
Lease Name: KRATZER Well #: 4

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8.62 Set at: 205 Cemented with: 200 Sacks
Production Casing Size: 4.5 Set at: 1415 Cemented with: 400 Sacks

List (ALL) Perforations and Bridge Plug Sets: RUN TUBING TO 1415' + CEMENT BTM TO TOP.
Attached * VERIFY 4 1/2" WAS CEMENTED TOP TO BTM. IF NOT OK TO 1" THE BOUNDS, BUT SHOULD BE W/400 EX.
Elevation: 1759 (GL / KB) TD: 1415 PBTD: _____ Anhydrite Depth: _____
(Stone Corral Formation) JK

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____ (Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

In accordance with the rules and regulations of the KCC

TOP SALT 875'
BASE SALT 1125'

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Steve Bodine

Address: PO Box 560 City: Eureka State: Kansas Zip: 67045 + _____

Phone: (620) 583-5527

Plugging Contractor License #: 31529 Name: Mike's Testing & Salvage, Inc.

Address 1: PO BOX 467 Address 2: _____

City: CHASE State: KS Zip: 67524 + 0467

Phone: (620) 938-2943

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically

Form	CP1 - Well Plugging Application
Operator	Daystar Petroleum, Inc.
Well Name	KRATZER 4
Doc ID	1334501

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
0	1	Chase	0

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Pat Apple, Chairman
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

February 13, 2017

Matt Osborn
Daystar Petroleum, Inc.
522 N. MAIN ST
PO BOX 560
EUREKA, KS 67045-0560

Re: Plugging Application
API 15-159-04417-00-01
KRATZER 4
SE/4 Sec.04-18S-08W
Rice County, Kansas

Dear Matt Osborn:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 2 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 2's phone number is (316) 337-7400. Failure to notify DISTRICT 2, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after August 13, 2017. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The August 13, 2017 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 2

Mike's Testing & Salvage Inc.

P.O. Box 467
Chase, KS 67524

Invoice

SCANNED TO FILE

Date	Invoice #
12/31/2009	12063

Bill To
Daystar Petroleum, Inc. P.O. Box 1285 Great Bend, Kansas 67530

P.O. No.	Lease - Kratzer County
	Kalina #4 #4 Rice

Qty	Description	Rate	Amount
28	Hours Rig Time	170.00	4,760.00
	Casing Cutter	200.00	200.00
5	Sacks Cement	11.75	58.75
	Sand	20.00	20.00
4	Hours Welder	65.00	260.00
	11-23-09 Rigged up on location, checked hole bridge 77,500. knocked 5 feet to bottom, sanding off bottom to 2900 with 5 sacks cement. Dug cellar and pit, welded on new 5-1/2" collar, set in floor, rigged up jacks, pulled slips, casing parted. 9 Hours.		
	11-24-09 Laid down 3 jts of 5-1/2", pulled off of collar. Picked up 3 jts. of tubing off Wires lease, screwed back onto casing, cut casing at 1500', pulled up to 11,000', casing pulled off collar 2 jts. down. Ran overshot and fished casing, cut casing loose at 1415' and laid down. 10 Hours.		
	11-25-09 Loaded 4-1/2" casing from Daystar stock and hauled to location. welded on 8-5/8" collar, ran in 4-1/2" float shoe and 1409' of 4-1/2" casing. Rigged up Copeland Cementers, pumped 400 sacks 60# cement and displaced cement to 1409'. 7 Hours.		
	11-30-09 Cut 4-1/2" casing off, tore down and moved off. 2 Hr		
	Sales Tax	6.30%	333.82
		Total	\$5,632.57



FIELD ORDER N° C 55640

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 11-25-09 20

IS AUTHORIZED BY: Donny (NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well As Follows: Lease Lease Well No. 14 Customer Order No. _____
Sec. Twp. Range _____ County Rice State ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4111	400	Milage Pump Truck	3.00	1200.00
4111	40	milage truck	1.00	40.00
4111		Pump Charge		900.00
4100	315	Cannon	11.50	3622.50
	1	4 1/2" Quick Stop		105.00
	1	batch down plug & balls		145.00
1103	1,000	Salt	.10	100.00
4200	315	Bulk Charge	1.25	393.75
4201		Bulk Truck Miles 14.87 x 40 = 592.75 x 1.00	1.00	592.75
		Process License Fee on _____ Gallons		
TOTAL BILLING				6,096.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Donny

Station C-13

Steve Bendino
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

DAYSTAR



Daystar Petroleum, Inc.

126 E Main, P.O. Box 360, Valley Center, KS 67147-0360 • (316)755-3492 • FAX (316)755-3543

March 10, 2010

COPY
SCANNED TO FILE

Kansas Corporation Commission
Oil & Gas Conservation Division
130 S. market – Room 2078
Wichita, Kansas 67202

RE: Form ACO-1
Kratzer #4
Rice County, Kansas
API No. 15-159-04,417

Dear Sir or Madam:

Enclosed please find an original and two copies of the completed ACO-1 along with the cement ticket on behalf of the Kratzer #4 well. We ask that the information be held confidential for the allowable period of 12 months.

Thank you.

Sincerely,

Steve Bodine
Production Superintendent

SB/tb
Encls. 2

Operator Name: Daystar Petroleum, Inc. Lease Name: Kralzer Well #: 4
 Sec. 4 Twp. 18 S. R. 8 East West County: Rice

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
List All E. Logs Run:	

<input type="checkbox"/> Log	Formation (Top), Depth and Datum
Name	Top Datum

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (in O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	28#	205			
Production	8 5/8"	4 1/2"	10.5	1415	common	400 sx	18% Salt

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Ventid <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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TREATMENT REPORT

SCANNED TO FILE

Acid Stage No.

Date: 11-25-07 District: C R. F. O. No.: 35040
 Company: DeSoto Well Name & No.: 1212-24 Kildice #4
 Location: Field: Location: Country: RUS State: KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Blows: Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Flush: Bbl./Gal.
 Treated from: ft. to ft. No. ft.
 from: ft. to ft. No. ft.
 from: ft. to ft. No. ft.
 Actual Volume of Oil/Water to Load Stage: Bbl./Gal.
 Pump Trucks, No. Used: 300 Bbl. TWIN
 Auxiliary Equipment: 307
 Packer: Set at ft.
 Auxiliary Tools:
 Plugging or Sealing Materials: Type: Size: Ill.

Casing: Size: 4 1/2" Type & Wt. Set at: ft.
 Formation: Perf. to: ft.
 Formation: Perf. to: ft.
 Formation: Perf. to: ft.
 Lines: Size: Type & Wt. Top at: ft. Bottom at: ft.
 Cemented: Yes/No. Perforated from: ft. to ft.
 Tubing: Size & Wt. Set at: ft.
 Perforated from: ft. to ft.
 Main Hole Size: T.H. ft. P.H. to: ft.

Company Representative: Steve Beeline Treater: Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:50	-	4 1/2"		Con. Beeline. Rig up
				Dump 500 hblt well water @ 4 bpm. 2000
				Abort up Herculite Manifold.
				Max 315 sts. Comman w/ 18% salt
				Displace w/ 22 hblt @ 6 1/2 bpm @ 4000
				Released. Flood held.
				Decrease 4 1/2" up to 5000
3:50				Shut in.
				Thank You!
				Nathan W.



TREATMENT REPORT

SCANNED TO FILE

Acid Stage No.

Date: 11-25-09 District: G.R. P. O. No. C35640
 Company: Dogate
 Well Name & No.: W-1221 #4 Kralzer #4
 Location: _____ Field: _____
 County: Rice State: KS

Casing: Size 4 1/2" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Oriented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Set at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.H. to _____ ft.

Type Treatment: Acid Type Fluid _____ Sack Size _____ Pounds of Mud _____

Breakdown: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____

Flush _____ Bbl./Gal. _____

Treated from _____ ft. to _____ ft. No. _____
 from _____ ft. to _____ ft. No. _____
 from _____ ft. to _____ ft. No. _____

Actual Volume of Fill/Water to Load Hole: _____ Bbl./Gal.

Pump Trucks: No. Used: 300 _____
 Auxiliary Equipment: 327 _____
 Packer: _____ Set at _____ ft.
 Auxiliary Tools: _____
 Plugging or Sealing Material Type: _____

Company Representative: Steve Bodine Treater: Nathan W.

TIME A-M / P-M	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:00	-	4 1/2"		On location rig up.
				Pump 50 bbls salt water @ 4 bpm. 700#
				Heat up Head's Manifold.
				Mix 315 sts. Cannon w/ 18% salt.
				Displace w/ 22 bbls @ 0.5 bpm @ 400#
				Released. Float held.
				Pressure 4 1/2" up to 500#
3:30				Shut in.
				Thank You!
				Nathan W.