

Plugging Commenced:

Plugging Completed:

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 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic	County:
Water Supply Well □ Other: □ SWD Permit #: □	Lease Name: Well #:
ENHR Permit #: Gas Storage Permit #:	Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	bv: (KCC District Agent's Name)

Show depth and thickness of all water, oil and gas formations.

the same are true and correct, so help me God.

_ Depth to Top: ___

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

Bottom: _____ T.D. ____

_____ Bottom: ______ T.D. ____

_____ Depth to Top: ______ Bottom: ______ T.D. _____

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:	Name:						
Address 1:		Address 2	:					
City:		:	State:		Zip:	_+		
Phone: ()								
Name of Party Responsible for Plugging Fees	3:							
State of	County,		, ss.					
				Employee of Operator or	Operator on above-	described well,		

Submitted Electronically

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



TREATMENT REPORT

Acid Stage No.

_				ı	•						
	4 /0 /004 4			40000	Type Treatment:		Type Fluid	Sand Size	Pound	ds of Sand	
	SMITH OIL	istrict	F.O. N	ю. 40003	Bkdown						
	& No. KOELLEI	2 #2									
	P & NO. KOLELLI	\ #2	Field			Bbl./Gal		· · · · · · · · · · · · · · · · · · ·			
	County BARTON State KS					Bbl./Gal.					
					Treated from		ft. to		No. ft.	0	
Caslas	Cina 5 1/2	Time & 14/1		Set atft.			ft. to		No. ft.		
Casing: Formation			n-ut	to	from		ft. to		No. ft.	0	
						11 / 10/24 2 2 2 3 2 2 4 1 1					
Formation					Actual Volume of Oi	ii / Water to Load He	oie:			Bbl./Gal.	
Formation			Perf				310 .				
					Pump Trucks. N			17/308	- ^{Twin} -		
	_				Auxiliary Equipment Personnel BRAND			17/308			
Tubing:	Size & Wt.				Auxiliary Tools	JOH, JCC 11JON	DAN			-	
	Periorated in	om	ft. to		_		· · · · · · · · · · · · · · · · · · ·				
					Plugging or Sealing I	Materials: Type					
Open Hole	Size	T.D	ft. P.	B. toft.	<u> </u>			Gals.		lb.	
_			VELEC	•			BRAND	ON.			
	Representative		KELSC		Treater		BRAND	ON			
TIME	1	SURES	Total Fluid Pumped			REMARKS	;				
a.m./p.m.	Tubing	Casing		ON LOCATION		···					
8:30			<u> </u>	ON LOCATION							
			 	PUMP 140 SKS 6	0/40 49/ \4/1	TH 200# HI	11.1.5				
9:30					<u> </u>		LLS			·····	
				STUCK PIPE AND COULDN'T PULL PIPE CUT AROUND 850' AND PUMP 50 SKS 60/40 AND DISPLACE.							
	<u> </u>			NO CIRCULATION					OBC		
11:30	<u> </u>		ļ								
			ļ		NT 850' AND PUMP 60 SKS 60/40 AND DISPLACE URE AND ALL WATER FLOWED BACK. DISPLACE						
								. DISPLAC	<u>.c</u>		
3:00				14 BBL WATER A	IND SHUT IN	TILL MORN	IING				
			<u> </u>								
<u> </u>			ļ		<u></u>						
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TREATMENT REPORT

Acid	& Cemen	t 🕰						Acid Stage No). <u> </u>			
	4/10/2014 t	District	F.O. I	No. 40004	Type Treatment: Bkdown	Amt. Bbi./Gal.		Sand Size	Pound	ds of Sand 		
		:R #2			ļ ———							
	Well Name & No. KOELLER #2 Location Field					Bbl./Gal.						
	BARTON	·	State KS		Flush	Bbl./Gal						
												
Casing:	Size 5 1/2	2 Type & Wt.		Set at ft.	Treated from from		to		No. ft. No. ft.	0		
Formation			Perf		from		to	ft.	No. ft.	0		
Formation	1:											
Formation			Perf.		1					Bbl./Gal.		
		å Wt.			Pump Trucks. No	o. Used: Std, 3	18 Sp.		Twin			
				ft. toft.		*********		7-308				
			Swung at	ft.	Personnel BRANDO	ON SCOTT AND JO	ORDAN					
	Perforated fi	rom	ft. to	ft.	Auxiliary Tools							
					Plugging or Sealing Ma	aterials: Type						
Open Hole	Size	T.D	ft. P.	P.B. toft.				Gals.		lb.		
Company	Representative		KELSO)	Treater		BRANDO	אכ				
TIME	PRES	SSURES	Total Fluid Pumped			REMARKS						
a.m./p.m.	Tubing	Casing	Total Fund Fully Co			REWARKS						
8:00	ļ	<u> </u>	ļ	ON LOCATION								
			<u> </u>									
9:30			ļ	CIRCULATE CEMI	ENT TO SURFA	ACE FROM 5	50' W/ 150) SKS 60/4	40 4%			
				W/ 200# HULLS			····					
										=0		
												
			 	THANKS		. .						
		<u> </u>		BRANDON								
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