KOLAR Document ID: 1401873

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 #:			,	API No.	15					
Name:					Spot Description:					
Address 1:					Sec Twp S. R East Wes					
Address 2:				Feet from North / South Line of Section						
City:	State:	Zip: +	.	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)		OG D&A Cathodi		County: Well #: Well #:						
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)				
Producing Formation(s): List A	II (If needed attach another	sheet)		by:		(KCC District Agent's Name)				
Depth to	Top: Botto	m: T.D		Plugging Commenced:						
Depth to	•	m: T.D		Plugging Completed:						
Depth to	Top: Botto	m:T.D			y					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water		Casing Record (Surface, Conductor & Pro			tion)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If				
Plugging Contractor License #:				ne:						
Address 1:			Address 2:	:						
City:			;	State:		Zip:+				
Phone: ()										
Name of Party Responsible for	r Plugging Fees:									
State of	County, _			, ss.						
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed				
			E	imployee of Operator or	Operator on above-described well,					

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.



TREATMENT REPORT

Acid (& Cemen	t 🕮						Acid Stage N	0.			
					Type Treatment:	Arnt.	Type Fluid	Sand Size	Pound	ls of Sand		
Date 11/30/2017 District G.B. F.O. No. C46379					Bkdown							
Company Grady Bolding Well Name & No. Beran #2												
Location Field					Bbl./Gal.							
County Barton State KS					Flush Bbl./Gal.							
					Treated from				No. ft.	0		
Casing:	Size 5.5"	Type & Wt.		Set at ft.					No. ft.	0		
Formation: Perf. to					from		ft. to		No. ft.	0		
					Actual Volume of C	Oil / Water to Load H				Bbl./Gal.		
Formation: Perf. to												
Liner: Si					Pump Trucks.	No. Used: Std.	365 Sp.		Twin			
(Pump Trucks. No. Used: Std. 365 Sp. Twin Auxiliary Equipment 360/310							
		_			Personnel Nathan-Greg-Mike							
	Perforated f		ft. to		Auxiliary Tools							
					Plugging or Sealing	Materials: Type						
Open Hole	Size	T.D.	ft. P.					Gals		lb.		
Company	Representative		Kelso		Treater		Nathar	ı W.				
TIME	PRES	SURES	Tatal Fluid Busses d			DENIADIO						
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS						
12:30		5.5"		On Location.								
								F - 117				
		The state of		Mix 125sks 60/4	Opoz 4%gel	with 300# H	Iulls at 1450	0'				
				Mix 50sks with 1	.00# Hulls at	t 1000'						
				Mix 50sks with 1	.00# Hulls at	t 700'				7777		
3:00				Mix 100sks at 25	0' Circulate	ed cement to	surface.					
	Top off with 25s								15.77			
				Thank You!								
				Nathan W.								
7												