KOLAR Document ID: 1404632

**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:					escription:				
Address 1:					Sec Tw	vp S. R East West			
Address 2:					Feet from				
City:	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  SWD Permit #:		,		Well #:			
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)			
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)			
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:				
Depth to	Top: Botto	m: T.D		00 (	•				
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Re	cord (Su	urface, Conductor & Produc	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 #:				9:					
Address 1:			Address 2:						
City:			;	State:		Zip:+			
Phone: ( )									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _			, SS.					
	•				Employee of Operator or	Operator on above described			
	(Print Name)			⊑	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.



PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

TICKET NUMBER 55066

LOCATION COLLOW KS

FOREMAN WOLF DINKEL

## FIELD TICKET & TREATMENT REPORT

DATE CL	JSTOMER#	200	CEMENT				
1-2-18	OTOMEK#	WELL NAME & I	NUMBER	SECTION	TOWNSHIP	RANGE	COU
JSTOMER		Hess 1-	16	16	145	310	
AILING ADDRESS	and me	50	South to	TRUCK# 731	DRIVER Cory Da	TRUCK#	DRIVE
ΊΤΥ	STATE	ZIP CODE	-bykunkling 45 2N-65	530-T129	need wh	the	10 Kg
OB TYPE	DRILL 13, SLURI	SIZE PIPE RY VOL	HOLE DEPTHTUBINGWATER gal/sk		CASING SIZE & WE	THER	2'/
DISPLACEMENT_	DISPL	ACEMENT PSI	MIX PSI	CONTRACTOR CONTRACTOR CONTRACTOR		asing_ oca# 44.17	÷
Followed	ety Meetin	15 FIGUE		+ MIX	75 5/5 Cal	wont, 14	100 th
I DIVELLE	127 80	3 SKS Can.	edt flossing	2 to 100	T put 5)	Stron Kack	310/01
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CODE Cop 470 Copcc2 Cop 711 CC58 29 CC5965	1 20 12.23 285	PUMP CHA MILEAGE TOM	Mileage Do	Wa	SAL EST		FOTAL

l acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.