## KOLAR Document ID: 1405465

**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

Name:	. R East West / South Line of Section / West Line of Section
Address 2:         Feet from         North	<ul> <li>A / South Line of Section</li> <li>A West Line of Section</li> </ul>
Address 2: Feet from North	/ West Line of Section
City:	
	Section Corner:
Contact Person: Footages Calculated from Nearest Outside	
Phone: () NE NW SE	SW
Type of Well: (Check one)       Oil Well       Gas Well       OG       D&A       Cathodic         Water Supply Well       Other:       SWD Permit #:       Lease Name:       Lease Name:       Date Well Completed:         Is ACO-1 filed?       Yes       No       If not, is well log attached?       Yes       No         Producing Formation(s): List All (If needed attach another sheet)       by:	Well #: (Date)
Depth to Top:         Bottom:         T.D.         Plugging Commenced:           Depth to Top:         Bottom:         T.D.         Plugging Commenced:           Depth to Top:         Bottom:         T.D.         Plugging Completed:	

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

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

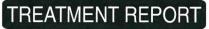
Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:	Name:	Name:					
Address 1:	Address 2:						
City:	State:	Zip: +					
Phone: ( )							
Name of Party Responsible for Plugging Fees:							
State of County,	, \$\$.						
(Print Name)	Employee 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.

## Submitted Electronically





14816	or Oil	Corp	in states	Lease No.				Date	. /	1		
Lease	nssen			Well #	-30			1 /	120	2/20	17	
Field Order # Station Prstt, JCS					Casing Depth			County SCOTT State KS				
Type Job	241/1	DTA	de half des			Formation	ו		Legal De	escription 30	0-17-33	
PIPE DATA PERFORATING DATA					FLUID	FLUID USED			TREATMENT RESUME			
Casing Size	Tubing Si	ze Shots/	Shots/Ft		Acid			RATE PRE		ISIP		
Depth 246	Depth	From	Тс	)	Pre Pad		Мах			5 Min.		
Volume 35	Volume	From	To	)	Pad		Min			10 Min.		
Max Press	Max Pres	s From	Тс	)	Frac		Avg		_	15 Min.		
Well Connectio		From	Тс	То		HHP Use		ed		Annulus Pressure		
Plug Depth	Packer De	epth From	Тс		Flush		Gas Volume		Total Load			
Customer Rep	presentative	Alsni	oft.s	Station	Manager Ju	St. n Wes	sterman	Treater 1	Daria	Frenk	lin	
Service Units Driver	92511	84981	1984:	3 1435	5 37724	/						
Names	D9(10 Casing	Keven Tubing	Keven	Rube	n Ruben							
Time	Pressure	Pressure	Bbls. P	umped	Rate			Ser	vice Log			
8:30An						onto	Destic		ety m			
			-			30051	c 601	40 PO2	,4%	Gel, C. 2	s pps	
91								3.78 pps,	1,21 yr.	12, 6, 9	12 WSKEr	
	1						2460'-505K					
	400		8		4	8 WStor						
400 400 400		12		H	12510	12 Slurry						
		23		4	J WSH	3 WSFr 1						
	700		4.	)	-1	25 may 2	Curren .					
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		.3		H	3 WSto.				7			
	HOC		10		4	10 muz						
						720'-						
	200		15	-	4	15 69						
	200		12	-	4					6		
	200		5		4	5 Water						
						360-50	PSK					
	200		3		LI	3 WSKr						
	200			2 4		12 Slury			R	RH- Bosk		
	200	te and the second second	. 1	-	4	IWSHEr		б. <sub>196</sub>	m	H- 20.	SK	
			5		4	60.20						

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