KOLAR Document ID: 1412100

**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 #:			APIN	No. 15							
Name:											
Address 1:				Sec							
				Feet fron							
City:	State	:		Feet fron							
Contact Person:			Foota	Footages Calculated from Nearest Outside Section Corner:							
Phone: ( )				NE NW	SE SW						
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	e Name:	Well #: (Date)						
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC <b>District</b> Agent's Name)						
De	epth to Top:	Bottom: T.D	Plugo	ring Commenced:							
De	epth to Top:	Bottom: T.D	"	, ,							
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .							
	ss of all water, oil and gas	s formations.									
	Water Records			g Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size	Setting Depth	Pulled Out						
		plugged, indicating where the cter of same depth placed from			nods used in introducing it into the hole. If						
Plugging Contractor Lice	ense #:		Name:	e:							
Address 1:			Address 2:								
City:			State	:							
Name of Party Responsi	ible for Plugging Fees:										
State of	Co	unty,	, SS.								
				Employee of Operator of	or Operator on above-described well,						
	(Print Na			=mpio, so oi operator o	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

Customer	stelbar	01	1	218	Lease N	10.				Date					
Lease N	riechy	y Au		011	Well #		4				6-	7-18			
Field Order	#_ Statio		Y-	rut	fram.	10a	Casing	44 Depth	7791	State /					
Type Job		PI	44	to	ABAN	Dur		Formation		5-1	5 c 07 Lega	I Description			
PIPE DATA PERFORATING												IT RESUME			
Casing Size	Tubing S		Shots/Ft						140 F		RESS				
Depth <sub>279</sub>	Depth		From	_	То	Pr	e Pad	U SK, 6	49, Max			5 Min.			
Volume	Volume		From		To	Pa	ıd	10 9	Min	-		10 Min.			
Max Press	Max Pres	ss			To	Fra	ac	The state of the same	Avg			15 Min.			
Well Connecti	ion Annulus	Vol.	rom		То				HHP Used			Annulus Pr	ressure		
Plug Depth	Packer D	epth F	-rom		То	Flu	ısh		Gas Volume	9		Total Load			
Customer Re	presentative			Dilv	Statio	on Mar	nager W	olleimai	~	Treater	ma.	TTAL			
Service Units	8335-3			274			19954				19				
Driver Names	MATTA	U	7 7 7 7	HAA	Sun		1) i A					7			
Time	Casing Pressure		oing ssure	Bbls. Pumped			Rate	Neor 35 k	Service Log						
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10175	50	Ye .	)	5			5 -	mix	25 <	5.45 6	00/40	POZ W	200 HAI!		
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

## FIELD SERVICE TICKET 1718 16787 A

DATE OF /	PRESSL	IRE PUM	PING & WIRELINE					DATE	TICKET NO		graying.			
JOB 6-7-18 DISTRICT PLATI						NEW	WELL	PROD IN	II MDM	CUSTOMER ORDER NO.	cours :			
CUSTOMER STELLOW OIL COIP						LEASE V	110	ch or con	FF. 5-35-17	WELL N	Tell J. 1			
ADDRESS						COUNTY	500	TT	STATE V		14-18 G			
CITY STATE						SERVICE CREW MATTAL GARSON GIM, D. AZ								
AUTHORIZED BY							2 - 1		144 TO A		ef ym'ter			
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REF. NO.		,	ATERIAL, EQUIPMENT A	ND SERV	VICES USE	D	UNIT	QUANTITY	UNIT PRICE	\$ AMOU	JNT			
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,					SERV	ICE & EQUIPM	IENT	%TAX	ON \$					
						RIALS		%TAX						
		1-	= 1 4 = 2					Service Services	TOTAL	4,305	71			

FIELD SERVICE ORDER NO.

REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

# FIELD SERVICE TICKET 1718 15787 A

and the same of th		MPING & WIRELINE	nie 020-07	72-1201			DATE	TICKET NO						
DATE OF JOB	7-17	DISTRICT			NEW D	OLD WELL	PROD IN	J 🗌 WDW		CUSTOMER ORDER NO.:				
CUSTOMER					LEASE		<b>新</b>			WELL NO.				
ADDRESS		COUNTY STATE												
CITY		STATE			SERVICE CREW									
AUTHORIZED E	ЗҮ				JOB TYPE:									
EQUIPMENT	T# HRS	EQUIPMENT#	HRS	EQUIF	PMENT#	HRS	TRUCK CAL	DAT	PATE AM TIME					
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SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: