KOLAR Document ID: 1413082

**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 Tw	vp S. R East West				
Address 2:					Feet from					
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 SWD Permit #:		County: Well #:						
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on:						
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 Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Completed:						
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	Record (Surface, Conductor & Production)						
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 #	:		Name:	:						
Address 1:			Address 2:	ss 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.



## TREATMENT REPORT

Customer	85 5		0 8, 2	Longo No					Doto					
Ohi		Lease No.					Date							
Lease		Well#	7				51	171,	115					
Field Order # Station				Casing Depth					County Ments State				State	
Type Job	es de	Aka	reten				Formation			•	Legal De	escription		
PIPE DATA PERFORATING DATA						FLUID USED			TREATMENT RESUME					
Casing Size	Tubing Si	ze Shots/F	Shots/Ft		Acid			RATE		PRES	SS	ISIP		
Depth 37	Depth	From	То	Pre Pad			Max				5 Min.			
Volume 3		From	То	Pad			Min				10 Min.			
Max Press	Max Pres	From	То	Frac			Avg				15 Min.			
Well Connecti			То					HHP Used				Annulus Pressure		
Plug Depth	g Depth Packer Depth From		То				Gas Volun	ne	Total Load					
Customer Re	presentative	1. cel		Station Manager				Treater Sent Court						
Service Units	96812	54981	70426	1999	9	10615								
Driver Names	SIDY	10/		Der										
Time	Casing Pressure	Tubing Pressure				Rate		Service Log						
10-15					15	33'	On lac	ution	Sui	11	20%	++	Page	
11:00	50					3	loud	hel	er La	51 m	2	The War		
11:21	50		20	24		4.7	Steer	Con	الباتوف	- 5	Cieta	601	Ce Flic	
11:26	50		15.35			4.2	Start	Deglacement Mud						
11:33	U		20			Q.	Shut	dow	160					
							600'							
12:05	25					4	Stead	Con	appy	<u> </u>	15/-6	6011	VE PAS	
12:09	50			35		4	Selent	Dig	10,000	-		m	A	
17:10	\$Z		5.2	2		Ø	Short	dow	_					
	all'						40'							
17:57						25	Start							
17:000	<i>C</i>		- 8			75						10 5	whoer	
17:55	e'			_		C .	Shul	doc	49					
1:00							11.00		1					
1.15							Joh	7	1	11/10	2001			
							- rates + 1	The state of face	100/4				I	
							-							
3														