KOLAR Document ID: 1415113

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	p 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) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: 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: (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	Records		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 Oneroter -	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

Acto	A STORES	NΛ	

Date 1 - 24 - 18 District CTs Be 2 - 18 Distr				Set at // / ft. Set at // / ft. to	Bbl. /Gal. Flush Bbl. /Gal. Ft. to					
		kanan 18 km a Maran katan katan tang tang tang tang tang tang tang		100010000000000000000000000000000000000	V	ann an ann an an an an	Gala			
Water Committee	epresentativ PRES		Total Fluid		Treater DUANC			40-10-10-1		
TIME a.m /p.m.	Tubins	Casing	Pumped		REMAR	K8				
:130				ONLOC	<u></u>					
370		<u> </u>	01:73	155 01.5 6 1	140 1/50- 1	0 110 800	- 49.6.01			
230		<u> </u>	11.13	1- Flug en	140 W/505x 6	90102	-77056			
250			14.73	200 Pluge	310' W/50xx60	1-40POZ	490601			
:				/			20 1840 116			
35	· · · · · · · · · · · · · · · · · · ·	 	3.81	351 P/49 @	60' to SURFAC	e ausxi	eD-40102.470	621		
330		<u> </u>	7.44	CMT RAT K	DIE W/ 305x 60	1-40 POZ-4	190601			
:			7.0	<u> </u>						
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