KOLAR Document ID: 1416861

**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 #:			<b> </b> AP	Pl No. 1	5				
Name:					Spot Description:				
Address 1:					Sec Twp S. R East West				
Address 2:					Feet from North / South Line of Section				
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 #:  ENHR Permit #: Gas Storage Permit #:					County: Well #:  Date Well Completed:				
Producing Formation(s): List A	II (If needed attach another	sheet)	by:	by: (KCC <b>District</b> Agent's Name)					
Depth to	Top: Botton	m: T.D	<sub>Pli</sub>	Plugging Commenced:					
Depth to	Top: Botto	m: T.D		Plugging Commerced:					
Depth to	Top: Botto	m:T.D		agging '	Completed.				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were us		•	•			ds used in introducing it into the hole. If			
Plugging Contractor License #: Nam									
Address 1:			Address 2:						
City:				ate:		Zip:+			
Phone: ( )									
Name of Party Responsible for	r Plugging Fees:								
State of	County, _		, s	is.					
			Γ	Em	nployee of Operator or	Operator on above-described well,			
(Print Name)					ipioyee of Operator of	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

Acid Stage No.

•	n 15.	0		Type Treatment: Amt. Type Fluid Sand Size Pou	inds of Sand
	7-12 01	~~ ~~ ~	<b>پردنکین</b> پرونکین	D. No	
	Hese (	~~		Bbl./Gal.	*******
	No. Fran			Bbl. /Gal.	
Location	- & Di		Field		
County	) three	<b>50</b>	State-France	Plush Bbl./Gal.	
				Treated fromft. toft. No. ft	
Cusing: Size SE Type & Wt					
				toft. No. ft	
				Actual Volume of Oll/Water to Lond Hole:	Rhi (Cu)
				Bottom atft. Pump Trucks. No. Used: Std. 203 SpTwin	
Cem	ented: Yes/No.	Perforated fro	om	201	
Tubing: Sise & Wt. 21 Plaste Boung at 3888 ft.					
Per	forated from		rt, to	Plugging or Sealing Materials: Type 15 Sector 60-40-45	· V2
		=	i		
Nam Hole Bis	e	т. р		11. 10 11 3 Baye CC 150# H-1 13 Cinta	b.
T	3	_		75	
	Representative			TreaterT	
TIME a.m /p.m.	Tubing	Casing	Total Fluid Pumped	REMARKS	
9:15				C. L. Jan D. C.	5 016-
1:12	<del></del>	 		Co mix is 7 BRD P Mix up Coloins to	or 33%
95 30					- O O
<u> </u>	(2)		C1-2 2 2		pen Day
9 45	Vac		11 2 20	The salk away was no got down by	1
12 : 12	Ja		163.50	The or throng you show down what I we	yo spercy
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				32 Cas , chin	-1*34.C
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	プミク		JBBL.	3 BPM got up to 500# of broke Out of block	swe hp
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