KOLAR Document ID: 1422089

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:				
						wp S. R East West		
					Feet from			
		Zip: +			Feet from			
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 #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No					County: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)			
Producing Formation(s): List	— All <i>(If needed attach a</i> i	nother sheet)				(KCC District Agent's Name)		
Depth to Top: Bottom: T.D								
Depth to	o Top:	Bottom: T.D		Plugging Commenced: Plugging Completed:				
Depth to	о Тор:	Bottom: T.D		riuggiii	ig Completed			
Show depth and thickness of	all water, oil and gas	formations.						
Oil, Gas or Wate	r Records		Casing F	sing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		plugged, indicating where the iter of same depth placed from		•		ods used in introducing it into the hole. If		
Plugging Contractor License #: Nan								
Address 1: Addres				s 2:				
City:				State: _		Zip:+		
Phone: ()								
Name of Party Responsible for	or Plugging Fees:							
State of	Cou	inty,		, SS.				
				6	Employee of Operator or	Operator on above-described well,		
	(Print Na	me)						

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.

Town Oilfield Service

PO Box 339 Louisburg, KS 66053 913-294-2125

Ticket #	
Location _	
Foreman	

Field Ticket & Treatment Report Cement Section Township Range County Well Name & Number Date Customer# Edwards # 2 9-14-18 16 24 31 Customer Mailing Address Zip Code City State Job Type Plag Hole Size 4 1/2 Hole Depth Casing Size & Weight Casing Depth 655 Drill Pipe Tubing Other Displacement PSI ____ Mix PSI ___ Rate ____ Remarks Pulled Bods & 2", Pumped class A comet Quantity or Units Description of Service or Product Unit Price Total Pump Charge 1000 Cement Truck 250 Water Truck 250 60 Cement 13 780 Gel Plug

Authorization Vactor	Title	Date	9-14-1
1 Idditollection			

Estimated Total: