KOLAR Document ID: 1422346

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					
OPERATOR: License #:					Spot Description:					
Address 1:					Sec Twp S. R East Wes					
Address 2:										
City: State: Zip: +					Feet from East / West Line of Section					
Contact Person:					Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					NE NW	SE SW				
Water Supply Well ENHR Permit #:	Other: Ga	II OG D&A Cat SWD Permit #: as Storage Permit #: swell log attached? Yes	County: Well #: Well #: 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	о Тор:	Bottom: T.D		Plugging Commenced:						
Depth to	o Top:	Bottom: T.D			-					
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 #: Na) :					
Address 1: Add				ess 2:						
City:				State: _		Zip:+				
Phone: ()										
Name of Party Responsible for	or Plugging Fees:									
State of	Cou	inty,		, SS.						
					_ 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.



FIELD ORDER Nº C 46426

BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225

			31	6-524-	1225	1	1 . 04	10
						DATE TNY	1642	20_18
IS AUTHOR	IZED BY:	Ben 4	ex		CUSTOMER)	7		
Address							State	
To Treat Wel	1		01	.у			Clate	3
As Follows:	Lease	2.2	W	ell No.		Custome	r Order No.	
Sec. Twp. Range			Co	ounty _	Cowley		State	Ks
not to be held I implied, and no treatment is pa our invoicing do	liable for any da representation yable. There wi epartment in acc	mage that may accrishave been relied of the nodiscount allocordance with latest	ue in connection with said n, as to what may be the r	service esults o date. 6%	or treatment. Co r effect of the ser interest will be c	ppeland Acid Service havicing or treating said wharged after 60 days.	s made no re rell. The con	pefore mentioned well and is epresentation, expressed or sideration of said service or are subject to correction by
THIS ORDER MI	UST BE SIGNED)				By		
			Well Owner or Ope	rator			Ag	ent
CODE	QUANTITY	7-16-18	DI	ESCRI	PTION		UNIT	AMOUNT
	1	Pma ch	B= plus	del				69=
	43sal	60-40	250100	7 354	de.			462 35
	94 mil		,	mile	no 9 40	1001/8		376=
		1 4000	burb was		7			
		7-25-18		3.5				
West Control)	Puno O	La for Pla	De	de			6500
	75500	k 60-40-	120 1075/S	2 de				80625
	2 Bun	Cylcum (Thlorid 3	D 000/	bong			CO =
	50%	Halls	41 / 4 OH		8			2000
	ar w	in I was	miles for	- Dv	no The	d.		376=
	1	01 -4	Denter Rev	The	7			25000
	50 mile	2	, ,	Pi	oc Round	Trup 200 m	il.	300 2
				7.		•	ļ	
	112	D C'	.0 . \		^	*** *		2= 2
21 - 1	43sel	Bulk Charge	Olhin chy	-1	x d			300
111118	1159	Bulk Truck Mile	while	mil	۷			04122
2/02/1	5 310 ×	Proce	ss License Fee on			allons		371-
						OTAL BILLING		
manner u		ection, supervision	een accepted and us on and control of the					
	R. n.		7					
Station	134KA	-tov.			-	Well Owner, Operat	tor or Agent	
Remarks_	Plny	out 3	153 NE	T 30	DAYS			
			A VI Broom					



TREATMENT REPORT

Acid Stage No. PJ

		0	2		Type Treatment: Amt			Sand Size	l'ounds of Sand							
				O. No	Bkdown	Bbl. /Gal		***************************************	•							
Company Seas 18t Well Name & No. 188 to 18th Location Field County Soulty State 45																
												Flush	Bbl. /Gal	······································		
													2			
					Casing: Size	42	Type & Wt		Set at	from	ft. to		ft. No. 1	ft		
Pormation: Perf. to																
				to												
				to	Actual Volume of Oil /	Water to Load Ho	le:		Bbl. /Gal.							
				t. Bottom atft.	Pump Trucks. No. Use	ed: 81d 323	8p	Tw	/in							
				ft. toft.	Auxiliary Equipment											
				ſt.												
					Auxiliary Tools											
Per	riorated from				Plugging or Scaling Ma	terials: Type H	3 sack (1	0-40-	2%							
			4. 11													
Onen Hole Siz	re	. т.р	Р.	B. toft.				. TRIP.								
					// L	V.1										
Company 1	Representativ		Y CONTRACTOR OF THE PARTY OF TH	,	Treater 7.4											
TIME		SURES	Total Fluid Pumped	2/1/1/2	1	REMARKS										
a.m /p.m.	Tubing	Casing		110	1 1 1 1											
2:00				Fluid le	vel 435 0	YOW ~	, , ,									
:				Kiz up +	o mix pos	2 Stick	hose in	cain								
:			0	Sturt mi	in goin de	dad white			7							
:			S BBI	Air pod	Let bless o	out some	comes.									
3:53			11 RBL	43 sacks	away full	to supp	202									
:				wash me	eally ino	Lett loc	~									
4:15					1	4.										
				7/25/18												
10:15				02 lol J	BA Ron no)										
:				Rna solv	TO 32511	NE VED	nt come	9								
:				Elwal we	2 60' donin	tron.	Sax Com									
OF H			0	Stare m	son Sxi	down be	ak heak	Crean	ulete.							
:				entro 12 1	July Detac	- Win 0:1	out		4							
:			15 BR	25 sooks	anno goo	and dema	Y to sur	Lece								
:				Mon Mag	Divas Out	1 NESLA	- Sived	LA WE	alita							
:				Turn pol	pipe loose		1	8								
01: H				Wait 17	No.											
12:10		MODE.		Can has	Broom ble	100 LI	born oil	Com	i one of							
:			0	Cara Blow		jook bouh	un Ster									
:				4 9 420 CC.	+ 5777 Hull	100		wet o	Lord hole							
:		350	2881	2 BPM perce	@350F		1221		1							
:		-	8 BBL	2 BPin Riva	550 AS	sader a	my Den	Valve	& Swels.							
DH: 40			020	14 BB1 8			out the	E P	eumost.							
1 40		200				mi 881	hus soo	14	CALLADA							
7 10		300		Come how		Com		1								
-:-				Wis group	BEN OF CH	LC CIN	3 RBb	ONLY								
		600	0	STATE CITY	711	H June 18	AMP LOC									
2:15		600	HERA!	Det MIX	sincest our	1 1/	12 8100	<u>'</u>								
2:30			42 30	Do Shoth		TUD BPO		<u> </u>								
250		1000 300H	-12 1919	Sm 1 5			Isoli engl									
2:2		100				CUE-V- VI	1301 49									
3:00				I ct lant	w~		V									
•																
-:-																