KOLAR Document ID: 1424553

**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 #:			AF	PI No. 1	5					
Name:				_ Spot Description:						
Address 1:					SecTwp S. R EastWe					
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:					
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 <b>District</b> Agent's Name)				
Depth to	Top: Botton	m: T.D	<sub>Pli</sub>	ıaaina	Commenced:					
Depth to	Top: Botto	m: T.D		00 0						
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 Reco	rd (Sun	face, Conductor & Produc	ction)				
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 #: Nai				e:						
Address 1:			Address 2: _							
City:			Sta	ate:		Zip:+				
Phone: ( )										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _		, s	SS.						
			Г	_	nployee of Operator or	Operator on above-described well,				
	(Print Name)			=[]	inproyee or 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.



TmH: 40 10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124

## FIELD SERVICE TICKET 1718 17070 A

Phone 620-672-1201

DATE OF 9/30/2014 DISTRICT Property				NEW WELL PROD □INJ □ WDW				CUSTOMER ORDER NO.:			
F 2 11				Who					11.07.1		
CUSTOMER FG HOII				LEASE 115 LSn & B WELL NO.						1-17	
ADDRESS				COUNTY Barton STATE /S							
CITY STATE				SERVICE CREW Dann Fa Jose P.							
AUTHORIZED B	Y				JOB TYPE:	242	PTA				
EQUIPMENT		EQI	JIPMENT#	HRS	TRUCK CALL	ED .	DATE	AM	CIME .		
20920 31/4							ARRIVED AT	JOB	9/1	AM G	100
17880	1						START OPER	ATION	97	30部 12	2.30
							FINISH OPER	ATION	97	30 AM 4	1.00
<u> </u>					*		RELEASED		97	30AM 4	130
							MILES FROM	STATION TO	WELL	53	1 1 2 4 4
ITEM/PRICE	M	ATERIAL, EQUIPMENT	AND SERVICE	CES US	ED.	UNIT	(WELL OWNE	R, OPERATOR, O		RACTOR OR	
REF. NO.	10/10 D.2					52	22A	ONL! PRICE		\$ AIVIO	JIVI
CG 200	Cener Gel					1-6	350			4164C	00
CC 102	Cellofice					1.7	55			203	50
CF153	Wooden Cemena Plus, 85/8					Es	1.			160	00
Eloo	Unit milesse Chais - Pickers					m:	65			29	2 50
E/01	Herry Equipment Milesse					Mr.	130			975	( as
EIIS C.Elov.	Proposit and Bulk Delivery Chais				Ses, Berkente		6/8			1,543	7.5
C. E 240	Blending & mying Service Charge					5k	224			2,160	200
5003	Service Supervisor, First & dis onte				La .	Ec	1			735	2 90
						3-7					
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CH	EMICAL / ACID DA	TA:	]					SUB TO	TAL	8,552	75
СН	EMICAL / ACID DA	TA:	1		RVICE & EQUI	IPMENT	%TAX	ON \$	TAL	8,552	75
СН	EMICAL / ACID DA	TA:			RVICE & EQUI		%TAX	ON \$			

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

SERVICE REPRESENTATIVE COLOR FRANCE

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)