KOLAR Document ID: 1426936

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: | | | | | escription: | | |
| Address 1: | | | | | Sec Tw | vp S. R East West | |
| Address 2: | | | | | Feet from | | |
| City: | State: | Zip: + | . | | Feet from | East / West Line of Section | |
| Contact Person: | | | | Footage | es Calculated from Neares | st Outside Section Corner: | |
| Phone: () | | | | | NE NW | SE SW | |
| Type of Well: (Check one) | | OG D&A Cathodi SWD Permit #: | | , | | Well #: | |
| ENHR Permit #: | Gas Sto | rage Permit #: | | | | | |
| Is ACO-1 filed? Yes | No If not, is well | log attached? Yes | | | | oved on: (Date) | |
| Producing Formation(s): List A | ll (If needed attach another | sheet) | | | | (KCC District Agent's Name) | |
| Depth to | Top: Botto | m: T.D | | Plugging | a Commenced: | | |
| Depth to | Top: Botto | m: T.D | | 00 (| • | | |
| Depth to | Top: Botto | m:T.D | ' | i iuggiiis | g completed. | | |
| | | | | | | | |
| Show depth and thickness of a | all water, oil and gas forma | ations. | | | | | |
| Oil, Gas or Water | Records | | Casing Re | Record (Surface, Conductor & Production) | | | |
| 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 # | : | | Name: | | | | |
| Address 1: | | | Address 2: | | | | |
| City: | | | ; | State: | | Zip:+ | |
| Phone: () | | | | | | | |
| Name of Party Responsible for | r Plugging Fees: | | | | | | |
| State of | County, _ | | | , SS. | | | |
| | • | | | | Employee of Operator or | Operator on above described | |
| | (Print Name) | | | ⊑ | 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.

| inox ZuvyI | The second secon | | | 4 | | | AVORAGA | | Pines |
|------------------|--|------------------|---|---|--------------------|---------------|-------------------------------|--|--|
| 28/6/18 | JATOT | | ☐ YES MER DID NOT WISH materials and serv | | 8-2300 | | AM. P.M. P.CEPTANCE OF MA | TIME SIGNED." | SIGNED |
| E8 199 . | 0/0 Q.L. | | EQUIPMENT OUR SERVIC | PERFORMED WITH WE OPERATED THE AND PERFORMED. CALCULATIONS SATISFACTORILY? AND THE YOU SATISFIE | KS 67560 0X 466 | | | изтомек's Асеит Ркіок Вас | MUST BE SIGNED BY CUSTOMER OR GOO START OF WORK OR DELIVERY OF GOO |
| 20 b78± | | SHEE DECIDED VOR | PAND OMAS ERFORMED | SURY OUR EQUIPMENT P WITHOUT BREAKDO WET YOUR NEEDS: OUR SERVICE WAS | MENT TO: | | which include, | e reverse side hereof ENT, RELEASE, IND | LEGAL TERMS: Customer he terms and conditions on the but are not limited to, PAYME LIMITED WARRANTY provis |
| | * | DIEC NA- DIE | | | 200 E | M | | | |
| as 966 | -28, | | W4 060/ | | | Dangage | 8 | | 283 |
| 25 t8t | st/ | | 75 25h | 126 | y xiuzi | of astra | 2 | | 185 |
| an Otth | 09. 4/ αε ΟΣ. | | 75 CS/2 | | 21104 1 | 200 MOHO) | 8 | | h-825 |
| 20 018 LS ± 8 | a 2/2 | | 1009 5 | | they - 26. | my dung | 1 | | 068 2925 |
| 00 25/ | 20 | | 30 05 | | 111 # | MILEAGE TTE | 1 / | | SES |
| TNUOMA | UNIT PRICE | MNU .YTD | M/U .YTØ | | DESCRIPTION | H S | ACCOUNTING TOO. | ARY REFERENCE/ RT NUMBER | |
| | WELL LOCATION | | VELL PERMIT NO. | 1 | th the | LEGORY JOB PU | | MELL TYPE WELL TYPE | A. REFERRAL LOCATION |
| 9 |)-1-1/8 | | DELIVERED TO | 57 | RIG NAMENO. | 2500035 | | TICKET TYPE CONT | 2) Hays C: Hy 165 |
| VER OF | 199Aq | 31 | Ali | DI STATE! | COUNTY/PARISH | 30 | CITY, STATE, ZIP CO | Inc. | Service Services, |
| 17 t /.7 | TICKET | | | | 25 2 2 2 | Bowman | VENT STATE OF CHARGE TO: | | IMS |

| .OM | ER | | WELL NO. | | SWIFT S | erviceo. | | 11-1-18 TIONET NO. |
|-------------|------------|---------------|-----------------------|--------------|--------------|----------|------------------|-------------------------|
| | Bowma | n Dil | #/ | | Flink h | use | JOB TYPE | TICKET NO. |
| HART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS T C | PRESSURE (PS | GING | DESCRIPTION OF (| OPERATION AND MATERIALS |
| | 930 | | (==-)(==-) | | TODING OA | On | beation | |
| | 7.50 | | | | | | 1026400 | |
| | | | | | | Part | S - 3253 | 2/2 |
| | | | | | | 1214 | | |
| | · <u>.</u> | | | | | | | - 3657 |
| 197 | m | | | | | | 3422 | - 3730 |
| | | | | | | 1/37 | | 3225 |
| | | | , | | | | 15 st | s enit 100 = Hel |
| | | 3 | 15 | | | Pu | mp with | Spacer |
| | | 5 | 20 | | 150 | PA | ing Cont | |
| | | 5 | 8 | | 150 | 10, | SP | |
| = | Yor | | | | | 2 | nd Plua e | 2700 |
| | | | s | | 2 to 12 to | | 100 sks | mt 200 # Hull |
| | | 5 | 26 | | 200 | Pur | np cmT | |
| | | 5 | 5 | | 200 | 0, | sp | |
| | | | , | | | 31 | and to the | 1700 nr 200 # Hills |
| | | 5 | 40 | | 200 | PU | | did not circ |
| | | 0 | / | | 0 | 10 | SP | |
| | | | | | | | , ' | |
| | | | | | | 4/1 | h plug - | 850) T |
| | | 11 - | _ | | | 100 | O SK3 CM | T |
| | | 4.5 | 0 | | | 54 | ant Cons | |
| | | 4.5 | 26 | | 300 | Cin | <u></u> | |
| | | | 0 | | 200 | Ch | ock 85/8 | - Osts |
| | 1230 | 2 | 6 | | 0 | Top | off S | 7/2 - 25 sks |
| | | | | pr 2 | | Jo | B Comple | éte |
| | | | | | | | | ZACH & Shew |
| | | | | | | | Durid, | ZACH & Show |