## KOLAR Document ID: 1430679

**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:
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 #:  SWD Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC <b>District</b> Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	·····

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size	Setting Depth	Pulled Out			

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:	Name:
Address 1:	Address 2:
City:	State: Zip: +
Phone: ( )	
Name of Party Responsible for Plugging Fees:	
State of County,	, ss.
(Print Name)	Employee 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.

### Submitted Electronically

AP Copy



	PAGE	CUST 1	INVOICE DATE							
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	INVOICE NUMBER									
			9280	272	4					
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	Pratt		(620)	672-1201
		OPERATING MAIN ST ST		
Ľ	WICHI	ra		
т	KS US	67202		
'n	ATTN:		ACCOUNTS	PAYABLE

COUNTY	Pratt
STATE	KS
JOB DESCRIPTION	Cement-Casing Seat-Prod W

S I T E JOB CONTACT

O ATTN:

ЈОВ #	EQUIPMENT #	PURCHASE	ORDER NO.		TI	rms	DUE DATE
41132993	86779				Net -	30 days	10/13/2018
	I		QTY	U of M	UNIT	PRICE	INVOICE AMOUNT
For Service Date	es: 09/12/2018 to	09/12/2018					
0041132993							
171817142A Ce Cement PTA	ment-Casing Seat-Prod	W 09/12/2018					
60/40 POZ			165.00			7.3	
Cement Gel			1,284.00 25.00			0.1 2.7	
"Unit Mileage Ch Heavy Equipment	g (PU, cars one way)' Mileage		50.00			4.5	
	ulk Del.Chgs per ton	nil		EA		270,6	
Blending & Mixin	g Service Charge		165.00			0.8 732.0	
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# BASIC energy services LP.

TREATMENT REPORT

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Customer 1.67115 Onerowinh	Lease No.	Date 9-12-126
Lease BCVANT LE	Well #	
Field Order # Station Product Kanne	Casing Depth	County Product State
Type Job PTA 2-41	Formation	Legal Description

PII	PE DATA		PERF	ORAT	ГING	DATA		FLUID	JSED		TREATMENT RESUME					<u>.</u>		
Casing Size	· • • • • • • • • • • • • • • • • • • •	Size	Shots/Fi	t			Acid				R	ATE	PRE	SS	ISIP			
Depth //2-4	Depth	~	From		То		Pre	Pad		M	lax				5 Mir	ı.	· · · · ·	_
Volume 27	Volume	2.6	From		То		Pad			N	lin				10 M	lin.	· .	_
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Well Connec			From		То				······································	F	IHP Used					lus Pres		-
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Service Unit	s 74564	5 7	76.86	415	774	1996	20	73768								1		
Driver Names	Fernie		n'ile	· ~;		Mik		mike										
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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

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