KOLAR Document ID: 1454506

**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 <b>District</b> 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	cord (Su	urface, Conductor & Produc	tion)
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.

.0 E 7<sup>TH</sup>
O Box 92
⟨EKA, KS 67045
(620) 583-5561



Cement or Acid Field Report
Ticket No. 4349
Foreman David Gardner
Camp Euroka

Date	Cust. ID#	Lēas	se & Well Number		Section	Township	Гъ	T -	
3-74 10	10.27	4.			Occion	Township	Range	County	State
3-20-19 Customer	1021	Bays	43					Greenwood	KS
C ?	Dil	**		Safety	Unit #	Driv	er	Unit#	Driver
Mailing Address	Uil			Meeting		703	on H.		211101
_	1	1 2		34			i A.		
City	MAROWNE	ad Dr.		- Em	145		it M.		
		State	Zip Code	1271					
New S	tracun	KS	66839						
Job TypeP_	T.A. Old	Well Hole Dor	th		01	20 721			
Casing Depth_		Hole Det	CI		Slurry Vol	O Bbl	Tub	oing	
Casing Size & W	# 2 <sup>11</sup>		e	(	Slurry Wt. 🚣	/ 4	Dril	I Pipe	
			eft in Casing		Nater Gal/SK			er	
Displacement			ment PSI		Bump Plug to		RPI	VI	
Remarks: <u>Sa</u>	ifity me	eting, Ric	110 to 3"	mer.	pm 1 1 1 - 1			,	2 - 2
600 PSI.	Mixed	75 585 10	0/40 Permise	Property.	1 2101 1	10) Ection	rate	ot 2.7 E	SPM @
20 Bb/ Slu	114. 11/ 1	fulls mine t	in Change.	O	Wy The C	ner, 270 (	11/2 6	14 / 591, Vil	ld 150 =
THE WIT	3/10/1/ayr	ir pressure	No flow be	ack. We	11 stayed	full. Joh	Complet	e. Pin clown.	,
2								J	
7									
									The second
		Autorio or tra		A Company					199
4				and a second			The second second		1/4°
									3) \$

Code	Qty or Units	Description of Product or Services	Unit D	
C105	* 1	Pump Charge 1st of Z wells	Unit Price	Total
2107	30	Mileage Mileage	785.00	785.00
			4.20	126.00
203	75 SKS	1-0 /40 P		
206	260H	4% Gcl	13.40	1005.00
205	130 H	2% Carlz	21	54,60
	3	care this	.63	81,90
214	45#	Cottonseed Hulls	*	
	8	The state of the s	50	22,50
10819	3.225 Tons	Ton Mikaga - Bulk Truck	-	
ă .		THE THEE	m/c	365.00
113	1.5 HRS	80 Bbl Val Truck	20 /	
224	3300 Gals	City Water	90.00 / HE	135.00
			10.00 /1000	33.00
1.				
		Thank You		
		you.	10, 401	
			Sub Total	2608,00
		7.5%	Sales Tax	140,18
uthoriz	ation by ()			195.60
	/	inte	Total	2663.42