KOLAR Document ID: 1457950

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 #:			I A	PI No. 1	15				
Address 1:						wp S. R East West			
Address 2:				Feet from North / South Line of Section					
				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:					
									Phone: ()
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)					
Depth to	•	om: T.D	— _P	lugging	Commenced:				
Depth to	Top: Botto	om: T.D		00 0					
Depth to	Top: Botto	om:T.D		00 0	·				
Show depth and thickness of a	all water, oil and gas form	ations.	<u> </u>						
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)			uction)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us		•	•			ds used in introducing it into the hole. If			
Plugging Contractor License #: Na			Name:						
Address 1:			Address 2:						
City:			S	tate:		Zip:++			
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, .			SS.					
	•				mployee of Operator or	Operator on above-described well,			
	(Print Name)			=1	inhioyee or Operator of	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.

1308 SCHWALLER AVE HAYS, KANSAS 67601 785-625-3531



DELIVERY TICKET

1544

OPERATOR (PURCHASED BY)			DELIVERY CHARGE				
		AME			P/U NONE		
		SECTWP					
COOI	NII_	5L0FVVI		TO WAITEITE			
QTY	НМ	PRODUCT	SIZE	UNIT PRICE	AMOUNT		
35		PREMIUM GEL	100 lb.				
	7	BAGS COTTONSEED HULLS	50 lb.				
		BAGS SODA ASH	50 lb.				
	X	CORROSIVE, UN 1823, 8, PG 111 CAUSTIC SODA BEADS	50 lb.				
		LIGNITE	50 lb.				
		BAGS LIME	50 lb.				
		DRISPAC	50 lb.				
		DESCO	25 lb.				
		РНРА	5 gal.				
		POLY PLUS RD	50 lb.	ė.			
		SALT GEL	50 lb.				
		BAGS DRILLSTARCH	50 lb.				
		CEDAR FIBER	40 lb.				
		POL-E- FLAKE	25 lb.				
		D.A.N	100 lb.				
		SOAP STICKS					

RECEIVED	BY
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1308 SCHWALLER AVE HAYS, KANSAS 67601 785-625-3531



DELIVERY TICKET

1540

		OF (PHENOLIASED BY)	(1548	White His	-ZULL	
OPERATOR (PURCHASED BY)			DELIVERY CHARGE:			
CONT	RA	CTOR		— □SEMI	□ P/U □ NO	INE
WELL	NA	ME Warehouse		DATE 2-/	-/9	7
COUN	VTY_	SECTWP	RGE	TO WAREH	OUSE	
			SIZE	UNIT PRICE	AMOUNT	
QTY	НМ	PRODUCT	41.000 P	ONTTINOL		
15		PREMIUM GEL	100 lb.			
		BAGS COTTONSEED HULLS	50 lb.			
		BAGS SODA ASH	50 lb.			
	X	CORROSIVE, UN 1823, 8, PG 111 CAUSTIC SODA BEADS	50 lb.			
		LIGNITE	50 lb.			
		BAGS LIME	50 lb.			
		DRISPAC	50 lb.			
		DESCO	25 lb.			
		PHPA	5 gal.			
		POLY PLUS RD	50 lb.			
		SALT GEL	50 lb.	i		
		BAGS DRILLSTARCH	50 lb.			
		CEDAR FIBER	40 lb.			
		POL-E- FLAKE	25 lb.			
		BAR	100 lb.			
		SOAP STICKS				
X-						
						_

RECEIVED BY



Service Order No.

2394

457 Yucca Lane • Pratt, Kansas 67124 • 620-388-5676

3-6.19

Company					Client Order#)	
Billing Address	City		St	ate 🙏	Zi	P	
Lease & Well #	Field	Name			Legal Descrip	tion (coordinates)	
County State	Casi	Casing Size			Casing Weight		
Fluid Level (surface) Reading from	Cust	Customer T.D.			Excel Wireline T.D.		
Engineer Operator Oyle		Operator			Unit# 09		
Product Code Description		Qty	Unit Price	From	Depth To	\$ Amount	
Service Charge						950°°	
117 10 (000)						1000	
e.							
			į				



Service Order No.

SURTOTAL

2395

457 Yucca Lane • Pratt, Kansas 67124 • 620-388-5676 Date Client Order# Company State City Billing Address Legal Description (coordinates) Field Name Lease & Well # Casing Weight Casing Size State County Excel Wireline T.D. Reading from Customer T.D. Fluid Level (surface) Unit# Operator Operator Engineer \$ Amount Depth Qty **Unit Price** Description **Product Code** From

above service according to the terms and conditions specified below,