KOLAR Document ID: 1458304

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

Address 1:	OPERATOR: License #:	API No. 15
Address 2:	Name:	Spot Description:
Address 2:	Address 1:	Sec Twp S. R East West
Contact Person:		Feet from North / South Line of Section
Phone: ()	City: State: Zip: +	Feet from East / West Line of Section
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Water Supply Well Other: SWD Permit #: Lease Name: Well #: ENHR Permit #: Gas Storage Permit #: Date Well Completed: Date Well Completed: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (<i>If needed attach another sheet</i>)	Phone: ()	NE NW SE SW
Plugging Completed:	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) Depth to Top: Bottom: T.D.	Lease Name:
		Plugging Completed:

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

Oil, Gas or Water	r 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 Fe	es:								
State of	County,		, SS.						
,	Print Name)		Employee of Operator or						

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



TREATMENT REPORT

Acid o	& Cement								Acid Stage No			
					Type Treatment	t- Amt		Type Fluid	Sand Size	Pound	s of Sand	
Date	4/5/2019 D	istrict GB	F.O. N	lo. 46819	Bkdown			- the tiere				
	ABERCROMBI				-							
	e & No. BRECHE											
Location			Field									
County STEVENS State KS			Flush Bbl./Gal									
					Treated from			ft. to	ft.	No. ft	0	
Casing:	Size <u>5 1/2</u>	Type & Wt.		Set atft.				ft. to		No. ft.	0	
Formation			Perf.	to	from			_ft. to	ft.	No. ft.	0	
Formation			Perf.	to	Actual Volume	of Oll / Water t	to Load H	ole:			Bbl./Gal.	
Formation			Perf.	to								
Liner: Si	zeType &	Wt	Top atft.	Bottom atft.	. Pump Trucks. No. Used: Std. <u>365</u> Sp Twin							
					Auxiliary Equipr				327			
Tubing:	Size & Wt.		Swung at		t. Personnel GREG CLARENCE							
	Perforated fr	om	ft. to	ft.	Auxiliary Tools							
					Plugging or Sealing Materials: Type							
Open Hole	Size	T.D	ft. P.	B. toft.			_		Gals.	-	lb.	
	Representative		TIM JULI	AN	Treater		_	GREG CL				
TIME		SURES Casing	Total Fluid Pumped			1	REMARKS	5				
a.m./p.m. 8:15	Tuomg	Casing		ON LOCATION								
0:12				ON LOCATION								
				CIBP SET @ 2910		IBING TO	176	7'				
							110	/				
				PUMP 20 SKS @	1767'							
					1/0/							
				CIRCULATE CEM		A 651' TC		FACE TOOK	(80 SKS			
							5 301					
					1/2, TOOK 20 SKS							
					8 5/8. PRESSURED UP TO 300#. TOOK 5 SKS							
							0 500					
11:15				JOB COMPLETE								
11:12				JOD COMIT LETE								
				THANK YOU!!!								
										_		
							_					
							_					
(
				· · · · · · · · · · · · · · · · · · ·								