KOLAR Document ID: 1458453

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 -						
				Spot Description:						
Address 1:			I .	Sec Twp S. R East West						
				Feet from North / South Line of Section Feet from East / West Line of Section						
City:	State:	Zip: +								
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()				□ NE □ NW □ SE □ SW						
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s):	Other: Ga No If not, i List All (If needed attach a	SWD Permit #: as Storage Permit #: swell log attached? Yes [nother sheet) Bottom: T.D.	Lease N Date We The plug	County: Well #: The plugging proposal was approved on: (KCC District Agent's Name)						
De	pth to Top:	Bottom: T.D	""	Plugging Commenced: Plugging Completed:						
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:						
Show depth and thickness	ss of all water, oil and gas	formations.								
Oil, Gas or l	Water Records		Casing Record (Su	asing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size	Setting Depth	Pulled Out					
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If					
Plugging Contractor Lice	ense #:		_ Name:	ne:						
Address 1: Address				s 2:						
City:			State:							
Phone: ()										
Name of Party Responsi	ble for Plugging Fees:									
State of	Cou	unty,	, SS.							
	(Print Na	ma)	E	mployee 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.



TREATMENT REPORT

Acid	& Cemen	t 🖳		IKEAIWE	NI KEPOKI				Acid Stage	No.	
Date3	3/26/2019 d	istrict GB	F.O. N	No. 46814	Type Treatment: Bkdown			Type Fluid	d Sand Size	e Pour	nds of Sand
Company	ABERCROMBI	E ENERGY									
Well Name	& No. BRECHE	ISEN #1									
Location			Field			Bt	ol./Gal.				
County	STEVENS		State KS		Flush	Bb	ol./Gal.				
					Treated from			t. to		No. ft.	0
Casing:	Size 5 1/2	Type & Wt.		Set atft.				t. to		No. ft.	0
Formation					from			t. to		No. ft.	0
Formation:			Perf.	to	Actual Volume of O	il / Water to I					Bbl./Gal.
Formation:				to				_			
		Wr			Pump Trucks.	No lised: Si	td	320 sn		Twin	
					Auxiliary Equipmen				367-310T		
					Personnel GREG		MIKE		30, 310,		
, abilig.			ft. to		Auxiliary Tools						_
	7 Official Co. II				4						
Open Hole	Size	T.D.	ft, P	B. to ft.	Plugging or Sealing	Materials:	Type _		Ga		lb.
Company (Representative		TIM JULI	AN	Treater			GREG	CURTIS		
TIME	PRES	SURES	Total Fluid Pumped			RE	MARKS				
a.m./p.m.	Tubing	Casing									
8:00				ON LOCATION							
				PUMP 20 SKS @	1738'	1					
				LOAD HOLE & BI	REAK CIRCUL	LATION	WITH	H20 FRO	OM 651'. T	OOK 5	O BBLS
				CIRCULATE CEM	ENT FROM 6	551' TO	SURF	ACE. TO	OK 90 SKS		
				TOP OFF WITH 2	5 SKS						
				10. 0.7							
				TIE ON TO 8 5/8,	TOOK 15 SI	KS TO DI	RECCI	IRE LID T	U 300		
				112 011 10 0 3/0	, 1001 1331	1011	(LJJ)	TILL OI I	0 300		
11:00				JOB COMPLETE						_	
11:00				JOB COMPLETE							
				***************************************	TO 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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