KOLAR Document ID: 1458454

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:	
	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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: 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 Fees:							
State of County,	, SS.						
(Print Name)	Employee of Operator or Operator on above-described	l 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



TREATMENT REPORT

Acid & Cement 🕮				Acid Stage No.							
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ls of Sand	
Date 3	3/27/2019 c	lstrict GB	F.O. N	lo. 46815	Bkdown						
	ABERCROMB										
Well Nam	e & No. BRECHE	ISEN A-2 Sw	D								
Location			Field			Bbl./Gal.					
County	STEVENS		State KS		Flush	Bbl./Gal.					
					Treated from		ft. to		No. ft.	0	
Casing:				Set atft.	from		ft. to		No. ft.	0	
Formation			Perf	to	from		ft. to	ft.	No. ft.	0	
Formation			Perf	to	Actual Volume of O)il / Water to Load Ho	le:			Bbl./Gal.	
Formation	:		Perf.	to							
				toft.					Twin		
			om			t		7-310T			
Tubing:					t. Personnel GREG CLARENCE MIKE						
	Perforated fr	om	ft. to	ft.	Auxiliary Tools						
						Materials: Type					
Open Hole	Size	T.D.	ft. P.	B. toft.				Gals.		Ib.	
	Representative		TIM JULI	AN	Treater		GREG CU	RTIS			
TIME		SURES	Total Fluid Pumped			REMARKS					
a.m./p.m.	Tubing	Casing		ON LOCATION							
9:30				UNLOCATION							
					1						
				CIBP SET @ 1270).						
				CIRCULATE CEM							
				CIRCULATE CEIVI		1240 10 301	AFACE. TOO	<u>v 130 2v2</u>	J.		
						1 20 646					
				PULL TUBING. TO	JP OFF WITH				<u> </u>		
					DDECCUDE		TO 200#				
				TIE ON TO 8 5/8	. PRESSUREL		10 300#				
				HOLE STAYED FU	11.1						
				HULE STATED FU							
40.00				JOB COMPLETE							
12:00				JOB COMPLETE							
				THANK YOU!!!							
									-		