KOLAR Document ID: 1462313

**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:				Sec Twp S. R East West											
Address 2:					Feet from										
City:         State:         +           Contact Person:					Feet from East / West Line of Section 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 #:  ENHR Permit #: Gas Storage Permit #:  Is ACO-1 filed? Yes No If not, is well log attached? Yes No					County: Well #:  Lease Name: Well #:  Date Well Completed:  The plugging proposal was approved 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 Commenced:		
Depth to	Top: Botto	m: T.D		Plugging Completed:											
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.										
Show depth and thickness of a	all water, oil and gas forma	ations.													
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)												
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 #:															
Address 1:			Address 2:	:											
City:			;	State:		Zip:+									
Phone: ( )															
Name of Party Responsible fo	r Plugging Fees:														
State of	County, _			, ss.											
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed									
			E	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.



## TREATMENT REPORT

Acid Stage No.
Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand  Bkdown Bbl./Gal.
Bbl./Gal.
Bbl./Gal.
Bbl./Gal.
Flush Bbl./Gal.
Treated fromft. toft. No. ft. O
ft. from ft. to ft. No. ft. O
from ft. to ft. No. ft. 0
Actual Volume of Oil / Water to Load Hole: Bbl./Gal.
ft. Pump Trucks. No. Used: Std. 320 Sp. Twin
ft. Auxiliary Equipment 327
ft. Personnel GREG CLARENCE
ft. Auxiliary Tools
Plugging or Sealing Materials: Type
from ft. to ft. No. ft. 0  Actual Volume of Oil / Water to Load Hole: Bbl.,  ft. Pump Trucks. No. Used: Std. 320 Sp. Twin  ft. Auxiliary Equipment 327  ft. Personnel GREG CLARENCE  ft. Auxiliary Tools

Open Hole S	ize	T.D.	ft. P.	Plugging or Sealing Materials: Type  B. to ft. Gals. lb.					
Company Re	presentative		MIKE KEI	LSO Treater GREG CURTIS					
TIME	PRESSURES		Total Fluid Pumped	REMARKS					
a.m./p.m.	Tubing	Casing		ONLOCATION					
3:00				ON LOCATION					
				PUMP 50 SKS 60/40 4% GEL & 10 GEL @ 1150'					
	tantassi Punitura ya Konstru e Pesteras ukuman kalendaria matewa i								
				PUMP 50 SKS @ 500'					
				PUMP 40 SKS @240'					
				CIRCULATE CEMENT FROM 40' TO SURFACE. TOOK 40 SKS					
				HOLE STAYED FULL					
5:00				JOB COMPLETE					
				THANK YOU!!!					
	uotalanyanika seessä Auun almus en yenäenninelee								