KOLAR Document ID: 1462329

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 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 #:	County:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	·····

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing Size Sett		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 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	Stage	No
I CIG	Juge	140.

					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	ds of Sand
Date	4/16/2019 Di	istrict GB	F.O. N	lo. 46823	Bkdown					
Company	GLOBE OPERA	TING								
Well Nam	e & No. GROW #									
Location			Field			Bbl./Gal.				
County	STAFFORD		State KS		Flush					
					Treated from				No. ft.	
Casing:				Set at ft.			ft. to		No. ft.	0
Formatior			Perf		from		ft. to	ft.	No. ft.	0
Formation	:		Perf	to	Actual Volume of Oil	/ Water to Load Hol	e:			Bbl./Gal.
Formation			Perf.	to	-					
	izeType &	Wt.	Top atft.	Bottom atft.					Twin	
					Auxiliary Equipment		300	J-3081		
lubing:				Personnel GREG CI Auxiliary Tools			anagat (a faith a sa a faith an	ang grafi kanna singan singa		
	Perforated fro		ft. to	16.	-	atoriala. Tuno				
Open Hole	Sizo	TD	ft D	B. to ft.	Plugging or Sealing M	atenais: Type		Gals.		lb.
Open Hole	. 5120	1.0.	ft. P.							
Company	Representative		MIKE KEI	SO	Treater		GREG CU	RTIS		
TIME	PRESS	URES								
a.m./p.m	Tubing	Casing	Total Fluid Pumped			REMARKS				
8:15				ON LOCATION						
				PERFORATE @ 8	40'					
				CIRCULATE FROI	M 840' TO SU	RFACE. TOO	OK 250 SKS	FOR THE !	5 1/2 /	AND
				25 SKS FOR THE	8 5/8			*****		
				TOP OFF WITH 5	SKS					
10:30				JOB COMPLETE						
					an a					
				THANK YOU!!!						
						ann an				ana da ang ang ang ang ang ang ang ang ang an
1										