## KOLAR Document ID: 1462335

**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:       Lease Name:       Date Well Completed:
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 <b>District</b> 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	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	Mo
ACIU	SLARE	110

Cemented: Yes Perforated fromft. toft.				Type Treatment:  Amt.  Type Fluid  Sand Size  Pounds of Sand    Bkdown  Bbl./Gal.					
	Perforated fr		ft. to		Auxiliary Tools				
Open Hole	Size	T.D.	ft. P	.B. toft.	Plugging or Sealing Materials: Type				
-	Representative		MIKE KE	LSO	Treater		GREG CUR	TIS	
TIME a.m./p.m.		SURES Casing	- Total Fluid Pumped			REMARKS			
9:00	rubing	Casing		ON LOCATION					
			1						
			1	PUMP 50 SKS @	690'				
				COME UP TO 30	الماسكي المواسلة مجمد أن المتحدة المحتل فاسل موادون أوراد والمحتان ومداو معاد ماويد	er Mensen suiteren er bendesenn in der Anseinen mynter Geiniste der Mitteren Treckels-Caspendier hefter f			
				5 1/2. PUMP 30 SKS BLEW OUT RUBBER. PULL TUBING. TIE ON TO 5 1/2					
			-	and water the sector of a state of the sector of the secto	JMP 90 SKS. PRESSURED UP TO 600#. SHUT IN 5 1/2 & TIE ON TO 8 5/8				
				PUMP 10 SKS. PI	RESSURED UP	P TO 300#. TO	OP OFF WIT	H 5 SKS.	
12:15				JOB COMPLETE					
12:15				JOB CONFLETE					
				THANK YOU!!!					
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