KOLAR Document ID: 1462339

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 #:					County: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)						
Producing Formation(s): List A	ll (If needed attach another	sheet)		by:(KCC District 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	'	i iuggiiis	g completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Re	sing 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 #: I				e:						
Address 1: Ad				ess 2:						
City:			;	State:		Zip:+				
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _			, SS.						
	•				Employee of Operator or	Operator on above described				
			⊑	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	& Cemen	t 🕮						Acid Stage No).			
					Type Treatment:	Amt	Type Fluid	Sand Size	Pounc	ls of Sand		
Data	1/12/2010 г	District GR	F.O. N	Lo. C46868	Bkdown				1 ounc	15 01 54114		
***************************************	Globe Operat		F.O. N	0. 040000	BROOWII							
	e & No. Loretta	Contract to the Contract of th										
Location	e a No. Loretta	L HINGEL ASD	Field									
	Stafford		State KS		Flush							
County	Starrora		State No						No. ft.	0		
	C: EE11	T 9 14/4		Cot at ft					No. ft.	0		
Casing:				Set atft.	from	Name and Address of the Owner, where the Publishment of the Owner, where the Owner, which is the			No. ft.	0		
Formation: Perf. to Formation: Perf. to												
Formation	:		Perf	to	Actual Volume of C	Oil / Water to Load H	ole:			_ bbi./ dai.		
Formation	:		Perf.	to	-		265		T-1-1-			
Liner: Size Type & Wt. Top at ft. Bottom at ft.							327	_ Iwin _				
Cemented: Yes Perforated from ft. to ft.							327					
Tubing:	Size & Wt.		Swung at		: Personnel Nathan-Greg-Clearance							
	Perforated f	from	ft. to	π.	-							
						g Materials: Type				lb.		
Open Hole	Size	T.D.	ft. P.	B. toft.				Gais.		10.		
							Nathai	o \\/				
Company	Representative		Kelso		Treater		IVatilal	I VV.				
TIME	1	SSURES	Total Fluid Pumped			REMARK	S					
a.m./p.m	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS O	Casing		Onlocation								
9:15	2"	5.5"		On Location.				e it e				
					1250 1	60/40	0/1-+ 000	\I				
				Mix 12sks of gel	and 250sks	60/40poz 4	%ger at 600	,	-			
								1 . 1				
				Pull tubing out a	ind tie on ca	asing. Mix 2	5sks and cir	culated ce	ment	out		
12:15				surface.								
	- ~											
	111111111111111111111111111111111111111			Thank You!								
				v								
				Nathan W.								
		_										
-												
		-										
	<u> </u>											
-												
	-											
				2000								
	1	1	1									