KOLAR Document ID: 1466143

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)		OG D&A Cathodi SWD Permit #:		County: Well #:							
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:							
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)				(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	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 #	:		Name:								
Address 1:			Address 2:	5 2:							
City:			;	State:		Zip:+					
Phone: ()											
Name of Party Responsible for	r Plugging Fees:										
State of	County, _			, SS.							
	·				Employee of Operator or	Operator on above described					
	(Print Name)			⊑	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.

DRESSLIBE DLIMDING & WIDELINE

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

TMH 27

FIELD SERVICE TICKET

1718 **16962** A

- an employee , so	ILOGOTIL I OIVII II	NO & WITHLINE					DATE	TICKET NO	Since the second	<u></u>		
DATE OF JOB)-19 DI	STRICT 171	i wee	NEW □ OLD □ PROD □ INJ □ WDW □ CUSTOMER ORDER NO.:								
CUSTOMER	L.D. D	rilling I	LEASE	WELL NO.								
ADDRESS	nd Sagrandon (1996) Sagrandon (1996)	J	COUNTY Comanche STATE 15									
CITY	en in State (1996) Henry Tale (1996)	STATE	sign delpoign kon. Bollini og s	SERVICE CREW 1718								
AUTHORIZED BY				- 23.2 - 23.2	JOB TYPE:	241	PT	4 0/w				
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REF. NO.	* 15-1	LID	AND OLIVIO	000		ONT	40100000000	ONTTHIOL		_		
CC 200		ment Gel	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THU W	THE US	111 680 7 1	1344 Lbs	n ata per cabe. "I	5 70	00 -		
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THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY: 7

FIELD SERVICE ORDER NO.

REPRESENTATIVE DL 500#

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE



TREATMENT REPORT

Customer	/ / /	1-1		Tuc	Lease No.						Date								
Lease	1.10.	6	1	Well # 3						7									
Field Order # 2 Station 1718							Casing 5 10 Depth				County Comanche State								
Type Job	PTA	0	lw .						Formation					escription					
							FLUID	USED TREATMENT RESUME											
Casing Size		ize	Shots/F			Acid			. '	RATE			PRESS ISIP						
Depth 1050	Depth	\dashv		_	т-		Pre	e Pad	0 po2	Max		500		5 Min.					
Volume	Volume		From	\dashv	To		Pa	d 👝		Min		36	<i>10</i>	10 Min.					
Max Press	Max Pres	ss	From	To				4.80 6e	•	Avg		2		15 Min.					
Well Connection	on Annulus	Vol.	From	\rightarrow	To			1173 13, 1209		HHP Used				Annulus Pressure					
Plug Depth	Packer D	epth	From	\rightarrow	To		Flu	ısh		Gas Volur	ne			Total Load					
Customer Rep	 presentative		From		То	Station	l Mar	nager T	11100 1000	1000	Trea	ater	D	Scott					
Operation I Inite	1/00	10	74/2	000	40	10.00	176	0	Wester	man	+		۰	3 60 47	$\neg \top$				
Service Units Driver	Vap Scott		7463	709.	51	1984 Bro					+				\dashv				
Names	Casing	T	ubing		. Pum			Rate				Sonii	L ce Log						
Time	Pressure	Pre	essure	DDIS.	. Fulli	ped		nate	Calle	d Ou	14	Servi	ce Log						
		\vdash		-							Trk	-							
1100									101 7	Pluga			, ,	50-	L' (Canh			
1425	100	\vdash			20			5	Pump 10ski Gel										
1429	150			2.7			5	H20 Spacer Good Cinc											
1434	200	\vdash		12.7				<u>5</u>		Mix + Pump 50ski 2 13.7 pp									
1439	200						5	Balance + Disp Cement											
1701					1				2 nd	Ply		2	65	A	ski	Cm+			
1452	100			10 5				5	Est	Est Good Circ									
1454	100			12.7				5	mix 50 ski Cm+ 2 13.7 p						Da	4			
1500	100						Balance + Disp Cm+ Good Circ												
									3rd	Plug	2	40	1	205/4	Cn	1+			
									E5+	6000	Cit	~							
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