KOLAR Document ID: 1459459

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



ICT 2243

TICKET NUMBER 55627 LOCATION OHawa, KS FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 FIELD TICKET & TREATMENT REPORT

CEMENT

			U LI				
DATE	CUSTOMER #	WELL NAME	& NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/15/19	4828	Lowe #	14	Su) 29	16	22	M
CUSTOMER	DCI	* _		1. C. H. C. 13		1388 N. 2.	a water water
<u> </u>	P Euterpr	ises		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRI	-2-2-2-2			729/89	Cas Ken	1 Salah	Maetine
29975	Indianag			495/239	Har Bec	V	
CITY		STATE ZIP CO		611/2410	Ala Mad	~	
Paola		45 66	071	675/124	Kei Det	-	
JOB TYPE		HOLE SIZE	HOLE D		CASING SIZE & V		212"
CASING DEPTH	1485	DRILL PIPE	TUBING			OTHER	
SLURRY WEIGH	rr	SLURRY VOL	WATER	gal/sk	CEMENT LEFT in	CASING AN	
DISPLACEMEN	r	DISPLACEMENT PSI	MIX PSI		RATE 3 by	am	
REMARKS: No	eld sataly	meeting el	tablished	rate	nixed t		19 sks
Posblemo			6 gel per		sured to	1500 F	
shut in			<u> </u>			1000 /	
Creating						0	100 C
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE2029	(PUMP CHARGE	1000.00	
(E0002 (E0711		MILEAGE		
CEOTI			-	
NEO853	lhr	80 Vac	100.00	
		trucks	1100.00	
		- 60%	(de) 00	
		Subtotal		440.00
CC 5840	19sks	Popland A cament	256.50	
CC5965	96 4	Gel	28.80	
CC6080	5 #	Cottonsked tulls	5.00	
CCOULT		materials	290.30	
		- (0) 2	174.18	
		Subtotal		16.12
	144-1- allane al			0.00
Ravin 3737		87.	SALES TAX	9.29
TRAVIT STOP			ESTIMATED TOTAL	565.41
AUTHORIZTION_		TITLE	DATE	1413.52

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.