KOLAR Document ID: 1472319

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 #:			l APIN	o. 15 -		
				API No. 15 Spot Description:		
Address 1:			1 '	Sec Twp S. R East West		
				Feet from		
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) Use Water Supply Well Supply	Other: Gas S No If not, is w All (If needed attach anoth	Storage Permit #:	Lease Date V No The pl	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:		
Depth to Top: Bottom: T.D				Plugging Completed:		
Depth to	o Top: Bot	tom:T.D		ing Completed.		
Show depth and thickness of	all water, oil and gas for	mations.				
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
	•	gged, indicating where the mu of same depth placed from (bo	•		ds used in introducing it into the hole. If	
Plugging Contractor License		_ Name:				
Address 1: Address						
City:			State:		Zip:++	
Phone: ()						
Name of Party Responsible for	or 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.



TREATMENT REPORT

Acid Stage No RT

C)		0		Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Date 1019 District Bulger F. O. No. Company Page 01 14 (200) Well Name & No. 45				
				Bbl./Gal.
Location				
County States States				
				Treated from
Casing: Size Type & Wt. Set at				
				Actual Volume of Oil / Water to Load Hole:
				t. Bottom at ft. Pump Trucks. No. Used: Std. 323 Sp. Twin
	Description of the Control of the Control			ft. toft. Auxiliary Equipment Pon 12 323
				ft. Packer: Set at ft.
Pert	orated from		ft. to	(t. Auxiliury Tools
(hen Vols Ste		TD	# D I	Plugging or Sealing Materials: Type 40 com 35 Poz
nen gole 812		1.17.	It. P.	1. 101
	Representative	STATE OF THE PERSON NAMED IN	T =	Treater Try
a.m p.m.	Tubing	Casing	Total Fluid Pumped	R MARK JS
9:00	THEFT			On loc JSA King no to plu well
9:30				Tout truck on loc Mix 2 By CC: - CBBL WATER
:	T (*) s			The or Tryle 2465' stort mile kes down hok Com Com
:	TELE		83he RAI	to HD sack How Com any wish no go down hole.
9:45	1-7		15 RB)=	Let cement trall lost all may out Broke ciec on
:				Hy with IHBBI total out
9:				Pall the no to 1900' wast 30 min & Ray in 4
OE: 01				Try censal 2250'
:				Polled the me to 200
:		7 711	0	Street mixed doing down hole (00-40-22-los
:			CBBL	Corone Comon to Swelland lay tuly down. Top Oft
11:00			88Bh	35 solutotal
		Z Z	1	wash no take tools, & truck
11:30	BAC BUILDING		4 6	lasting Lot Docs
:		The same of the sa		
:				
:	7 7	6.85	23172	A Second Color of the Color of
:		17 189	-	
	PACE STATES			
:				
:				
-:-				
-:			-	1. 4.000
		5 3		2 1 4 1 2 4
-:				
-:				
- :				
	- 100			
				1943 C 37 C 37 C 37
:	77			
:				
-:-		441		