KOLAR Document ID: 1473848

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:			I .	SecTwp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:					
City:	State:	Zip: +							
Contact Person:			Footage						
Phone: ()				□ NE □ NW	SE SW				
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s):	Other: Ga No If not, i List All (If needed attach a	SWD Permit #: as Storage Permit #: swell log attached? Yes [nother sheet) Bottom: T.D.	Lease N Date We The plug	County: Well #: Well #: The plugging proposal was approved on: (KCC District Agent's Name)					
De	pth to Top:	Bottom: T.D	""	Plugging Commenced:					
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:					
Show depth and thickness	ss 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				
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If				
Plugging Contractor Lice		_ Name:):						
Address 1: Address				s 2:					
City:			State:						
Phone: ()									
Name of Party Responsi	ble for Plugging Fees:								
State of	Cou	unty,	, SS.						
	(Print Na	ma)	E	mployee 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.

alta france and CR	v. 5000A	Type Treatment: Bkdown		Type Fluid	Sand Size	Pounds	s of Sand	
Date 9/11/2019 District GB F.O.	BLOOM	861/Gal						
Company HESS OIL		1	Bbl /Gal.					
Well Name & No. FRANK HILL #4 Location Field	1	Bbi /Gal						
County MCPHERSON State KS	Flush	Bbi./Gal						
County WICT HEROOM			to to	ft.	No ft.	0		
F 4 79	Treated from		- Andrews		407940	0		
Casing: Size 51/2 Type & Wt.	from		ft. to	The same of the sa	No. ft.	0		
Formation: Perf.	from		ft. to	ft.	No. ft.			
Formation: Perf.	Actual Volume of Oil / Water to Load Hole: Bbl./Gal							
Formation: Perf.	to	7 7 7						
Uner: Size Type & Wt. Top at fi	. Bottom atft	t. Pump Trucks. No. Used: Std. 320 Sp. Twin						
Cemerited: Yes Perforated from	. Auditary Equipment			327				
Tubing: Size & Wt. 2 3/8 Swung at	Personnel GREG C	LARENCE			THE H	146.0		
Perforated from ft. to	. Auxillary Tools			The second se				
		Plugging or Sealing N						
Open Hole Size T.D. ft.	P.8. to 11				Gals		lb.	
Company Representative JA		Treater		GREG	G			
TIME PRESSURES Total Fluid Pumper a.m./p.m. Tubing Casing			REMARKS					
7:45	ON LOCATION							
		No. in constant to				***		
	PUMP 25 SKS C	OMMON 4% (CC @ 2900'	WAIT 4 HO	OURS TO T	AG CE	MENT	
The state of the s					AL MARIA			
	TAGGED CEMEN	JT @ 2775'	100	C THY AND T	- Annie			
	INGGED CEIVE	11 @ 2715			1000	-		
	CIRCULATE CEN	ENT EDOM 2	EN' TO SLIP	EACE TOOL	V 140 CVC		-	
BU I	CINCOLATE CEIV	IEINT PROIVI 2.	30 10 30h	FACE. TOO!	(140 3K3	-		
				-				
	TOPPED OFF W	TH 10 SKS				-		
4:15	JOB COMPLETE							
清	THANK YOU!!!							
84								
				Table 1		-010	120	
Man and a second								
	-							
	-							
9 -							Els.	
24 (4								
30.1.								
		4.6%						
	-							