KOLAR Document ID: 1477301

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



Dog 2 TREATMENT REPORT

Acid Stage No.

		-			Type Treatment:	Amt.	Type Fluid	Sand Size	l'ounds of Sand
Date 10-2	2-19 , D). No	Bkdown	Bbl. /Gal		···· ·	•••••
Company	Ex Call	bull +	gen			Bbl. /Gal			••••••
Well Name &	No. Word	Joh Si	NOTTY			Bbl. /Gal			
						Bbl. /Gal			••••••
0			n./	~	Flush	Bbl. /Cal			
County					Treated from	f	t. to	ft. No. f	't
		Thing & WI		Set atft.	from	f	t. to	ft. No. f	't
				to	from		t. to	ft. No. f	't
				to	Actual Volume of	Oil/Water to Loa	d Hole:		Bbl. /Gal.
				to		2	23 sp.	F	1-
				. Bottom atft.	Pump Trucks. No	Quille	322		In
				.ft. toft.					
				ft.	Auxiliary Tools	21. 550	N	Set at	ft.
Per	forated from		ft. to	ft.	Auxiliary Tools	ory real	100-19 11	ar enti	10-42-17
					Plugging or Sealin	g Materials: Type	10-2-17-1	po sam	COUTIV-LA
Own Hole Siz	se	T. D	ft. P.I	B. toft.	4Be	igo Calen	No Lalore	A. Cinla.	
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TREATMENT REPORT



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Formation :			Perf	to	Aatuul Volume of (Water to Los	d Hole:		Rbl (Cul
Formation :				to					
Liner: Size	Type & W	t	Top at Supfre	Bottom at 20.15.et.			3		
Cer	mented: Yes/No.	Perforated fr	om	ft. toft.	Auxiliary Equipme	nt Bull 2	.80_		••••••
Tubing: Size	& Wt		Swung at	ft.	Packer:			Set at	ft.
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