KOLAR Document ID: 1483854

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 De	scription:						
Address 1:			.		Sec Tw	p S. R East West					
Address 2:					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)		OG D&A Cathodi SWD Permit #:		,		 					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved 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	a Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Commenced: Plugging Completed:							
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.						
Show depth and thickness of a	all water, oil and gas forma	ations.									
Oil, Gas or Water	Records		Casing Re	g 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:	e:								
Address 1:			Address 2:	:							
City:			;	State:		Zip:+					
Phone: ()											
Name of Party Responsible fo	r Plugging Fees:										
State of	County, _			, ss.							
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed					
	(Print Name)			E	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.



FIELD SERVICE TICKET 1718 A

BASIC BASIC 10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201 DATE OF JOB DATE OF JOB CUSTOMER ADDRESS COUNTY OF STATE SERVICE OF SERVICE	WELL Staff	17	18 . TICKET NO.	CE TI									
DATE OF JOB PUMPING & WIRELINE DATE OF JOB WELL CUSTOMER ADDRESS COUNTY OF	WELL !												
CUSTOMER 1 LEASE ADDRESS COUNTY O	WELL Stalk				DATE TICKET NO								
CUSTOMER. LEASE ADDRESS COUNTY OF	AKE												
ADDRESS COUNTY (Stall	100		- O)	9_7								
			STATE	Ver	WELL NO.								
SERVICE	DCIN DI		DIAIE	200									
AUTHORIZED BY JOB TYPE:	2 - M	Pluin	of Alson	Dos									
EQUIPMENT# HRS EQUIPMENT# HRS EQUIPMENT#	HRS	TRUCK CALL	ED ED	DATE	AM TIME								
		ARRIVED AT		and the same of th	AM								
		START OPER		*	AM PM								
	den .	FINISH OPER	RATION	111, 111, 111, 111, 111, 111, 111, 111	AM								
		RELEASED			AM PM								
		MILES FROM	STATION TO	WELL									
EM/PRICE MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE		\$ AMOUNT								
11 60/40 POZ	·SX	330											
Continue Strategical Strategic	16	568											
	210	1											
CONTRACTOR OF THE CONTRACTOR O	SX.	330			23								
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Market Company and the Section Section Section 2011	The age of the same was a suited and a suite		To	DTAL									
			JE.	W									
SERVICE THE ABOVE MATERIAL AND SE ORDERED BY CUSTOMER AND													

FIELD SERVICE ORDER NO.

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TREATMENT REPORT

Customer	/	in the second		Long- No					1.5						
- 15	A 9 H		Lease No.					Date	1/	12	1	G			
Lease A Ken				Well # 2-20					11-13-19						
Field Order # Station				Casing Depth				1	County State State						
Type Job	2 =U	Ply	9 70	Aban	rielo	V	Formation			L	egal Descr	iption			
PIPE	DATA	PERF	ORATIN	IG DATA	1	FLUID U	SED		T	REATM	ENT RE	SUME			
Casing Size	Tubing Size	Shots/F	t		Acid 330 SM (Co)			BATE PRESS ISIP							
Depth	Depth	From	Тс)	Pre Pad			Max							
Volume	Volume	From	To		Pad			Min			· <u>·</u>				
Max Press	Max Press	From	To		Frac			Avg			15	15 Min.			
Well Connection	Annulus Vol.		To					HHP Use	ed		A	nnulus P	ressure		
Plug Depth	Packer Dept		То		Flush			Gas Volu	me	· · · · · · ·	To	otal Load			
Customer Repre	esentative /		199	Station	Manag	erwes	prom A		Treat	er 🔌 2	177 A)				
	3353		84980				84981	19919							
Driver Names	LATTK V		MA	AGLIU 17			101.4	4.2							
Time	Casing Pressure	Tubing Pressure	Bbls. P	umped	R	ate				Service I	Log				
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							157 17	S4 61 1	E0 5						
1052			1	4			Running				500 1Y	16			
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