KOLAR Document ID: 1495498

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 -	
				Description:	
Address 1:			1 '	•	wp S. R East West
				Feet from	
City:	State:	Zip: +		Feet from	East / West Line of Section
Contact Person:				ges Calculated from Near	est 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 by:	Name: Vell Completed: ugging proposal was appr	well #: (Date) (KCC District Agent's Name)
Depth to	o Top: Bot	tom: T.D		•	
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 Wate				Surface, Conductor & Produ	,
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 2:		
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.

T///2020 District OD	F.O. NO. 0007 A		
ž		8bl./Gal.	
Well Name & No. SCHEETZ		BbI/Gal.	
Location	Field	8bi/Gal.	
County LOGAN	State KS	Flush Bb1/Gal.	
		Treated from ft.	
Casing: Size 41/2 Type 8 Wt.	Perl.	to from ft to	ft. No.ft. 0
formation:		Actual Volume of Oil / Water to Load Hole:	Bbl./Gel
Formation:	Perf.	00	a.
Liner: Size Type & Wt	ft. Botte	om atft. Pump Truds. No. Used: Std. 320	Sp. Twin
Cemented: Yes		ft. Audilary Equipment ft pursonnel GREG CLARENCE MIKE	300-3001
Perforated from	ft 10	_	
		Phygging or Sealing Materials: Type	Gals.
	1		CARL COMPANY
Company Representative	NALIUL MIT	Treator	GREG CURTIS
TIME PRESSURES	Total Fluid Fumped	REMARKS	
and/pm/ rend Cong	ON	ON LOCATION	
+	-		2000
	70	PUMP 8 GEL, 03 3K3 60/40 4% GEL WITH 300# HOLES @ 43/3	# north @ 43/3
	PU	PUMP 85 SKS WITH 200# HULLS @ 2630'	
	PUI	PUMP 100 SKS @ 1315'	
	CIR	CIRCULATE CEMENT FROM 650' TO SURFACE. TOOK 60	. TOOK 60 SKS
	101	TOPPED OFF WITH 40 SKS COLII DN'T TIF ON TO THE 8	TO THE 8 5/8 PUT A COUPLE
	OF	OF BBLS OF CEMENT IN THE CELLAR. HOLE STAYED FUL	
3:15	JOB	JOB COMPLETE	
	/HT	THANK YOU!!!	