KOLAR Document ID: 1503300

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 #:			AF	PI No. 1	5					
Name:					Spot Description:					
Address 1:					Sec Twp S. R East West					
Address 2:					Feet from North / South Line of Section Feet from East / West Line of Section					
City:										
Contact Person:			Fo	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW						
Phone: ()										
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:					County: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes								
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC District Agent's Name)				
Depth to	Top: Botton	m: T.D	_{Pli}	Plugging Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Completed:						
Depth to	Top: Botto	m:T.D	' '	agging	Completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Production)			ction)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cement or other plugs were us		-				ds used in introducing it into the hole. If				
Plugging Contractor License #: Name:										
Address 1:			Address 2: _							
City:			Sta	ate:		Zip:+				
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of	County, _		, s	SS.						
			Г	_	nployee of Operator or	Operator on above-described well,				
	(Print Name)			=[]	inproyee or 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

Date 11/22/2019 District GB F.O. No. 60046 Company ELLINWOOD ROUSTABOUT SERVICE				Type Treatment: Amt. Type Fluid Sand Size Pounds of Bkdown Bbl./Gal.						
	& No. UNIT P		JT SERVICE			Bbl./Gal.				
Location	WHO. CHIT P	LINULEUM	Plate			Bbl./Gal.			See I coul	
DEALS					-	Bbl./Gal.				
			State KS		Flush	Bbl./Gal				
Casing:	Size	Tuna 9 M			Treated from	ft. to		ft. No. ft.	0	
ormation:		Type a w	Perf.			ft. to		ft. No. ft.	0	
ormation:					from	ft. to		ft. No. ft.	0	
ormation:			CASE AND DESCRIPTION	to	Actual Volume of Oil / Wa	ater to Load Hole:			Bbl./Gal	
iner: Size	Type 8	L We	Perf	to						
		▼ Perforated			Pump Trucks. No. Use	ed: Std. 320	Sp.	Twin		
ubing: Si		12000	Swung at		Auxiliary Equipment		360	0-308T		
	Perforated for		ft. to		Personnel GREG CLAR Auxiliary Tools	ENCE				
pen Hole S	ize	T.D.			Plugging or Sealing Materi	ials: Type				
	131,55 20		т. Р	.B. toft.	基本的基础的 主题			Gals.	lb.	
ompany Re	presentative	SURES	RICK PR	AY	Treater		GREG CUI	RTIS		
m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS				
0:00		Cabing		ONLOCATION		MEMIANAS				
				ON LOCATION						
	102.505			PLUG 2 CONDU	LIORS AND 2 RA	THOLES				
				1ST CONDUCTO	R TOOK 70 SKS					
				167 8 1 7 1 7	ale Al-A					
				1ST RATHOLE TO	OOK 70 SKS					
	1			2ND CONDUCTO	OR TOOK 80 SKS					
				2ND RATHOLE T	OOK 100 SKS					
				- TO TIATHOLE I	OOK 100 3KS					
2:45				JOB COMPLETE						
				THANK YOU!!!						
				A COLUMN TO THE TAXABLE PROPERTY.			THE S			
		ic ive s				St. El Color				
			1 -8(
		I Alex								
			17.5.2			TEST TOTAL				
				THE REST NO	1-12-12-12-1					
			Constant of				AVIOLET S			
			1000							
	A TALL SEE		FIEL ST.			to the second second				