KOLAR Document ID: 1547080

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:					escription:			
Address 1:					Sec Tw	vp S. R East West		
Address 2:					Feet from			
City:	State:	Zip: +	.		Feet from	East / West Line of Section		
Contact Person:				Footage	es Calculated from Neares	st Outside Section Corner:		
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		Well #:		
ENHR Permit #:	Gas Sto	rage Permit #:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved 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		00 (•			
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Re	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:					
Address 1:			Address 2:					
City:			;	State:		Zip:+		
Phone: ()								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, SS.				
	•				Employee of Operator or	Operator on above described		
	(Print Name)			⊑	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.

810 E 7[™] PO Box 92 EUREKA, KS 67045 (620) 583-5561

ATT 15. 113. 11190



Cement or Acid Field Report Ticket No. 5351

Camp Eureka

Treated State State	60124 / 7											
Date	Cust. ID#	Leas	e & Well Number		Section	Town	ship	Range	9	County		State
12-4-20	1098	Stamber	K #3		34	175		26		MoPhenso	1	Ks
Customer				Safety	Unit #		Driv	er		Unit #		Driver
4/255	Oil Con	many		Meeting	104	1	9/BM	m.				
Mailing Address	39	Fort		KM	113		Jush	V.				
1.0. To	x 1009			JV		_						
City		State	Zip Code									
MICH	97762 14	1	1-201									

7.0	07/00		
Job Type P.T.A.	Hole Depth		Tubing 1" 1 2-1/8
Casing Depth 2737	Hole Size 7 1/8"	Slurry Wt. 14 24	Drill Pipe
Casing Size & Wt. 51/2	Cement Left in Casing	Water Gal/SK	Other
Displacement	Displacement PSI	Bump Plug to	BPM
Domanton Sacrate Martin	. P. 1" TI - James		contoned in

Remarks: SAFETY Meeting: Ban I" Tubing down Annulos of 51/2 to Firm TD of 225', Rigup to I"
Tubing. Mixed 725ks 60/40 Posmix Coment by 4% Gel. Good Coment to Surface. Shut down.
PULL I" Tubing. Ban 23/8 Tubing down ID of 51/2 Casing to 270' Circulate Coment to Surface
Pull 23/2 Tubing. Top OFF 51/2 by Coment. Total Coment on ID = 55 sks. Jeb Complete.
Rig Jours.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
105	1	Pump Charge	785.00	785.00
107	80	Mileage	4.20	336.00
203	107 5ks	60/40 formix Carrent	13.40	1433.80
206	370#	Gel 4%.	. 21 #	77.70
108 E	4.6 TONS	Ton Mikage	1.40	515.20
			Sub Total	3147.70
		THANK YOU 8%	Less 5%	167. 99
			Sales Tax	251.82