KOLAR Document ID: 1562497

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 #: Image: Cathodic ENHR Permit #: Gas Storage Permit #: Image: Cathodic Image: Cathodic Image: Cathodic Is ACO-1 filed? Yes No If not, is well log attached? Yes No	County: Well #: Lease Name: Well #: Date Well Completed: 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 we

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

Acid	& Ceme	nt 🛃		TREATM	ent report			Acid Stage N	ko	
Company	IPAS OII		F.O. 1	ю. <u>50370</u>	Type Treatment: Bkdown	Bbl./Ga Bbl./Ga	ıl			
Well Nam	E & No. Weave	er #4				Bbl./Ga				
			Field		- Hush		d		·	
County	Rice		State KS			Bbl./Ga				~
		a standardar			rested from					
					f from		_ft. to		No. ft.	0
omation					from		ft. to	TL.	NO. 11.	
ormation			Perf.		Actual Volume of C	H / Water to Loa	d Hole:			561./G
ormation	and the second division of the second divisio		Perf.		-				-	
			Top atfL		forfump Trucks. N				_ Twin _	
			mm		Auditary Equipmer	the second se	and the second se	360/308		
lubing:			Swung at		n Personne Nathar	and the second se				
	Perforated	rom	h to		f Auditory Tools					
					Plugging or Sealing	Materials: Typ	e			
Open Hok	Size	T.D.	ft. P.	.8. 10	rl			Gals		
Open Hok Company TIME	Representative	T.D.	Darrel D.				Nath			
Company TIME Lat./p.m.	Representative PRE Tubing	SSURES Casing				REMA	Nath	Gals		
Company TIME Lan./p.m.	Representative PRE	SSUARES	Darrel D.				Nath	Gals		
Company TIME Lat./p.m.	Representative PRE Tubing	SSURES Casing	Darrel D.				Nath	Gals		
Company TIME Lat./p.m.	Representative PRE Tubing	SSURES Casing	Darrel D.				Nath	Gals		
Company TIME Lat./p.m.	Representative PRE Tubing	SSURES Casing	Darrel D.	On Locati		REMA	Nath	an W.		
Company TIME Lat./p.m.	Representative PRE Tubing	SSURES Casing	Darrel D.	On Locati Tie on tub	on. Ding and mix :	rema 260sks Co	Nath: RKS	Gals an W. : 445' Ci		
Company TIME s.m./p.m.	Representative PRE Tubing	SSURES Casing	Darrel D.	On Locati Tie on tub	on.	rema 260sks Co	Nath: RKS	Gals an W. : 445' Ci		
Company TIME Lat./p.m.	Representative PRE Tubing	SSURES Casing	Darrel D.	On Locati Tie on tub	on. Ding and mix :	rema 260sks Co	Nath: RKS	Gals an W. : 445' Ci		
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