KOLAR Document ID: 1563610

**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 #:			APIN	No. 15				
Name:								
Address 1:				Sec				
				Feet fron				
City:	State	:		Feet from East / West Line of Section				
Contact Person:				Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )				NE NW	SE SW			
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	County: Well #: Well #: The plugging proposal was approved on: (Date)				
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC <b>District</b> Agent's Name)			
De	epth to Top:	Bottom: T.D	Plugo	Plugging Commenced:				
De	epth to Top:	Bottom: T.D	"	, ,				
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .				
	ss of all water, oil and gas	s formations.						
	Water Records			g Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the cter of same depth placed from			nods used in introducing it into the hole. If			
Plugging Contractor License #: Name:			Name:					
Address 1:			Address 2:					
City:			State	:				
Name of Party Responsi	ible for Plugging Fees:							
State of	Co	unty,	, SS.					
				Employee of Operator of	or Operator on above-described well,			
	(Print Na			=mpio, so oi opeiatoi o	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<sup>TH</sup> PO Box 92 EUREKA, KS 67045 (620) 583-5561



Ticket No. 5481

Foreman Ressell me coy

Camp EureKA

Date	Cust. ID#	Leas	e & Well Number		Section	Township	Range	County	State
2-24-21	1,000	Imthur	# 6		4	23	13	G.w.	KS
Customer				Safety	Unit #	Dr	iver	Unit#	Driver
Trimble	+ mac	LASKEY C	il LLC	Meeting	102	200			
Trimble + MACIASKey Oil LLC Mailing Address			Rm.	110 308#					
P.o. B				2001	145	Stev	c		
City		State	Zip Code	JUSH STEVE					
Gribley		K S	66852	5					
Job TypeP	T.A.	Hole Der	oth		Slurry Vol4	S Rol	Tub	oing	The State of
Casing Depth_			e N.A.		Slurry Wt			I Pipe	
					•				
Casing Size &			eft in Casing		Water Gal/SK			er	
Displacement_		Displace	ement PSI		Bump Plug to		BPI	М	
Remarks:	SAfety +	- JU6 PIO	cepule						
				SPOT	35 5K3	@ 17	22		
			2-24-21	SPUT	140 5K;	D 570	to Sur	FACE	
					175 S	K: TOTA	(		
			Gel 50	norn B	Between p	l-9's			
					Rodney	27	:		
					THANK	900			
						0	m61		

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-105	1	Pump Charge	785.00	785.00
6-107	30	Mileage	4.20	126.00
c-203	175	ski 60/40 Pozmix	13.40	2,345.00
-206	606 #	Gel = 490	.21	126.00
-206	3007	Gel Gel Spacen)	. 21	63.00
-214	45 #	cotton seed Hull's Bottom Plag	. 50	23.50
- 205	501	CHCIZ	. 63	31.50
-108	7.5	Tor Tor milenge x 30	1.40 MIL	365.00
A -113	Ц	hr Bo Bol VAC Track (2hr 2-5-21 2hr 2-24-21)	90.00	360.00
				4.224. 0
			-5%	4 228.10
			Sales Tax	331.96
Authori	zation by J	in Title Coffee	Total	4333.82