KOLAR Document ID: 1573599

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

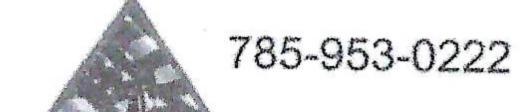
Kansas Corporation Commission Oil & Gas Conservation Division

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 De	scription:						
Address 1:			.		Sec Tw	p S. R East West					
Address 2:					Feet from						
City:					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)		OG D&A Cathodi		,							
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)					
Producing Formation(s): List A	II (If needed attach another	sheet)		by:		(KCC District Agent's Name)					
Depth to	Top: Botto	m: T.D		Plugging	a Commenced.						
Depth to	•	m: T.D		Plugging Commenced:							
Depth to	Top: Botto	m:T.D			y						
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 #:				e:							
Address 1:			Address 2:	:							
City:			;	State:		Zip:+					
Phone: ()											
Name of Party Responsible for	r Plugging Fees:										
State of	County, _			, ss.							
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed deceribed					
	(Print Name)			E	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.



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LOCATION LL	MA	4	731	A	V.	The second second
FOREMAN ()	Zh	Ľ	D	W	ka	-

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	JSTOMER# WELL NAME & NUMBER			SECTION	COUNTY		
5-12-21		$C_{ij}U_{ij}$	500 H		2	TOWNSHIP 3/5	RANGE	1-1
CUSTOMER			The state of the s	Woods		la construction de la construction		DENON
<u> </u>	osquet	622	Operation	JAN 45%	TRUCK#	DRIVER	TRUCK#	DRIVER
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111		STATE	ZIP CODE	12N				
OB TYPE	× 1/ 7)							
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	11/1	7					ESTIMATED TOTAL	
HORIZATION_		And the state of t		TITLE		r~	ATE	

I acknowledge that the payments terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.