KOLAR Document ID: 1581117

**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:				SecTwp S. R East Wes						
Address 2:				Feet from North / South Line of Section						
City:				Feet from East / West Line of Section						
Contact Person:			Fo	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 #:  ENHR Permit #: Gas Storage Permit #:					County: Well #:  Date Well Completed:					
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC <b>District</b> Agent's Name)				
Depth to	Top: Botton	m: T.D	<sub>Pli</sub>	Plugging Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Commenced:  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 Reco	ng Record (Surface, Conductor & Production)						
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

	a come.	1 C ECONO						Aud Stage IV	·	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pou	unds of Sand
Date 6/18/2021 District GB F.O. No. C60341					Bkdown				-	
	ALLAM PROD				<u> </u>	Bbl./Gal.				
	e & No. UNA M	AE MILLER #1	<del></del>		<u> </u>					
	Location Field				ł	Bbl./Gal				
County	RENO		State KS		Flush					
Casing:				Set atft.					No. ft	
Formation			Perf		from		ft. to	ft.	No. ft.	0
Formation	n:		Perf.	to	Actual Volume of O	il / Water to Load Ho	le:			Bbl./Gal.
Formation	1:		Perf	to						
Liner: Si	ize Type &	Wt.	Top at ft.	Bottom atft.	Pump Trucks. N	lo. Used: Std.	320 Sp		Twin	
•	Cemented: Yes	▼ Perforated fr	m	ft. toft.	Auxiliary Equipment			360-308T		
Tubing:					Personnel GREG (					
	Perforated fi	om	ft. to	ft.	Auxiliary Tools					
					Plugging or Sealing	Materials: Type _				
Open Hole	e Size	T.D	ft. P	.B. toft.				Gals.		lb.
	Representative		W.R. ALL	AM	Treater		GRE	G C.		
TIME	1	SURES	Total Fluid Pumped			REMAR	KS			
a.m./p.m.	Tubing	Casing		CALLOCATION						
8:30		<b></b>		ON LOCATION			·			
				DUIL AD EO SVS S	0141401100	66 6 6051		4.0		
			<u> </u>	PUMP 50 SKS CO	JMMON 3%	CC @ 625'.	WALL TO L	AG		
		ļ								
			<u> </u>	TAGGED CEMEN	11 @ 450'					
				CIRCULATE CEM	IENT FROM 4	425' TO SUR	FACE. TOO	K 25 SKS		
				TOP OFF WELL \	WITH 15 SKS					
										***
				HOLE STAYED FL	ULL					
11:15				JOB COMPLETE						
				THANK YOU!!!						
			1							



9816 S. MAIN • P.O. BOX 108 • YODER, KS 67585-0108 (620) 465-2277

Terms: Net 15 - 11/2% per month on unpaid balance after 15th of the month.

ustome rder No	r's 	)ate	6-1	7	2021
	Allam Prod.				
ddress					
		Phone:			
SOLD BY	CASH C.O.D. CHARGE OF	N ACCT.   MDSE.	RETD. PAID C	DUT L	AYAWAY
QUAN.	DESCRIPTION		PRICE	AM	OUNT
7	ban quikrete		5.50	38	50
				2	89
				ΉΙ	39
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			+		1
					1
All claim	s and returned goods MUST be accompani	ed by this bill.	_ TAX		-
Received By			-		+
			TOTAL		i

Thank You!