KOLAR Document ID: 1593518

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 Feet from East / West Line of Section			
City:							
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 #:				County: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name) Plugging Commenced:			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to Top: Bottom: T.D					Completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Reco	sing 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 #: Nan							
Address 1: Address							
City:			Sta	ate:		Zip:+	
Phone: ()							
Name of Party Responsible for 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.

DATE PAGE NO. SWIFT Services, Inc. JOB LOG 8-10-21 CUSTOMER LEASE KRILEY WELL NO. JOB TYPE TICKET NO. HESS DIL Bx 35190 PTA VOLUME (BBL) (GAL) PRESSURE (PSI) PUMPS TIME DESCRIPTION OF OPERATION AND MATERIALS TUBING CASING 1000 DN LOCATION 23/x x 4/2 Ist Plug e 2944

pump with to Circ

pump loo sx Cmr w/ 200 + hulls

Disp 25 10 400 26 3 1100 200 plug e 1597 pump 100 Sx CMT to Circ 26 800 T.O.O. H WYTEEN 85/8 Pressured immediatly 300 0 TOP OFF 41/2 - 25 SX USED - 225 SX CMT 400 /bs Hulls JOB COMPLETE THANKS DAVID, ZACH & ISMAC