### KOLAR Document ID: 1598052

**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 #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  SWD Permit #:  SWD Permit #:    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All (If needed attach another sheet)	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:

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 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.

#### Submitted Electronically

Form	CP4 - Well Plugging Record
Operator	Bengalia Land and Cattle Company
Well Name	LEONARD 1-13
Doc ID	1598052

# Producing Formations

Formation	Тор	Bottom	Total Depth
LANSING	3956	3966	2990
LANSING	4228	4237	4200
KANSAS CITY	4352	4364	4340
MARMATON	4610	4632	4600
PAWNEE	4820	4830	4806
ST. LOUIS C	5296	5312	5290

785-953-0222

#### **FIELD TICKET & TREATMENT REPORT** CEMENT

419 K

TICKET NUMBER

LOCATION H FOREMAN

CLINEI CLINEI								
DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
11-4-21		Leo	Leonard #1-13		13	275	310	Haskell
CUSTOMER Pervso /								
Ber	realiz L	and + C	atta	Southto	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE			20071740	Rel 30	103	COND		
					800-850	Jasput		
CITY		STATE	ZIP CODE	-38	801-857	Mattern		
				1/245-1/42	2			
JOB TYPE OHV HOLE SIZE THE HOLE DEPTH CASING SIZE & WEIGHT 5/3/						1/2 11		
CASING DEPTH	ASING DEPTH DRILL PIPE TUBING OTHER							
LURRY WEIGH	T 13,5 s	SLURRY VOL		WATER gal/sk		CEMENT LEFT in	CASING	
DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE								
REMARKS: Safety Meeting, Big up Samp met								
PUMD	112 SKS PA	, 110, A 4	Displan			D. Prochill	o to Tor	,#
PerFE	180017	Took not	: 212 BI	Dm 7141	10H, MIX	0 5ASK-	Compit.	Last 255
WISD # Hulls Displaced 40 BRL HOD Wait 15 minu Relassed back 4 BR								
REF DIDD, MIX 50 SVS COMONE DIROC # D2'S BRM, Displaced 24 BR								
let set Fin Is when selves the suite								
VOLED 500' Tark vite: 2' BRIN 2 700t, WIXED 75 SK COMONT, RUN SBR HD-SUNTY								
Wixed 5 5ks down Arvives, Plassing to 500#								
Theale You								
					1, 12 + C. No.	~		

ACCOUNT	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CODE	1	PUMP CHARGE Same das Ind well	45000	450 00
	40	MILEAGE	715	28600
	8.17	Tou Milegeo Deliver	1 75	66000
	2111	(ou partieuse parties y		00000
	190 - 5Kg	Wicht Weicht Blend V	1600	3,04000
	1.50 #	Holles	,70	105
		1000		
	and a second			11
			~	4,54100
		Less 25%	Disc -	1,135-25
				3,405-75
			SALES TAX	
	. 1 1	/	ESTIMATED	

AUTHORIZATION

TITLE 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.

monteres

Manary

DATE