## KOLAR Document ID: 1624951

**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 #: | County:  |
| 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 <b>District</b> Agent's Name)                   |
| Depth to Top: Bottom: T.D   | Plugging Commenced:                                      |
| Depth to Top: Bottom: T.D   | Plugging Completed:                                      |
| Depth to Top: Bottom: T.D   | ·····  |

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

| Acid & Cement | ĩ |
|---------------|---|
| Acid & Cement |   |

### TREATMENT REPORT

Acid Stage No.

\_\_\_\_

| ACIO O      | Cemen   |            |                    | 1                 |                       | Amt.                 | Turne Fluid | Sand Size | Pound  | is of Sand                            |
|-------------|---|------------|--------------------|-------------------|-----------------------|----------------------|-------------|-----------|--|---------------------------------------|
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
| Date11/     | 11/2021 D   | istrict GB | F.O. No            | 50496             | Bkdown                |                      |             |           |  |                                       |
| Company L   | B Exploratio  | n          |                    |                   |                       |                      |             |           |  |                                       |
| Well Name 8 | & No. Otte #1   |            |                    |                   |                       |                      |             |           |  |                                       |
| Location    |   |            | Field              |                   |                       |                      |             |           |  |                                       |
| County E    | Barton  |            | State KS           |                   | Flush                 |                      |             |           |  | 0                                     |
|             |   |            |                    |                   | Treated from          | ft.                  | to          | ft.       | No. ft.  |                                       |
| Casing:     | Size 5.5"   | Type & Wt. |                    | Set atft.         | from                  | ft                   | to          | ft.       | No. ft.  |                                       |
| Formation:  |   |            | Perf.              | to                | from                  | ft                   | to          | ft.       | No. ft.  | 0                                     |
| Formation:  |   |            | Perf.              |                   | Actual Volume of Oil  | / Water to Load Hole | 2:          |           |  | Bbl./Gal.                             |
| Formation:  |   |            | Perf.              |                   |                       |                      |             |           |  |                                       |
|             | e Type 8  | & Wt       | Top at ft.         | Bottom atft.      | Pump Trucks. No       | Used: Std.           | 365 Sp.     |           | Twin   |                                       |
|             | And the second se |            |                    |                   | Auxiliary Equipment   |                      |             | 260       |  |                                       |
|             |   |            | Swung at           |                   | Personnel Nathan      | Joe Tim              |             |           |  |                                       |
| TODING.     |   |            | ft. to             |                   | Auxiliary Tools       |                      |             |           |  |                                       |
|             |   |            |                    |                   | Plugging or Sealing N |                      |             |           |  |                                       |
|             |   | 10         | 6 D                | B. to ft.         |                       |                      |             | Gals      | j.   | lb.                                   |
| Open noie   | 5120  | 1.0.       | ft. P              |                   |                       |                      |             |           |  |                                       |
|             |   |            | Kelso              |                   | Treater               |                      | Nat         | than W.   |  |                                       |
|             | Representative  | SSURES     | T                  |                   |                       |                      |             |           | and a second second second   |                                       |
| TIME        | Tubing  | Casing     | Total Fluid Pumped |                   |                       | REMAR                | (5          |           |  |                                       |
|             | 100mB   | 5.5"       |                    | On Location.      |                       |                      |             |           |  |                                       |
| 2:00        |   | 15.5       |                    | On Location.      |                       |                      |             |           |  |                                       |
|             |   |            |                    | Mix 125sks 60/4   | 10poz 4% col          | with 200# L          | ulls at 1/  | 50'       |  |                                       |
|             |   |            |                    | IVIIX 1255KS 00/4 | +0p02 4 /0ge1         | WILL 200# 1          |             | 50        |  |                                       |
|             |   |            |                    |                   | 4000                  | 0001                 |             |           |  |                                       |
|             |   |            |                    | Mix 60sks with    | 100# Hulls at         | 900                  |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    | Mix 175sks at 4   | 00' Circulate         | ed cement to         | surface.    |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   | 1          |                    | Thank You!        |                       |                      |             |           |  |                                       |
|             |   | 1          |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    | Nathan W.         |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            | +                  |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
|             |   |            |                    |                   |                       |                      |             |           |  |                                       |
| 1           | 1   | 1          | 1                  |                   |                       |                      |             |           | Contraction of the local division of the loc | and the lot of the second sectors and |