KOLAR Document ID: 1632377

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 -					
				Spot Description: Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:					
Address 1:			I .						
City:	State:	Zip: +							
Contact Person:			Footage						
Phone: ()				NE NW SE SW					
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s):	Other: Ga No If not, i List All (If needed attach a	SWD Permit #: as Storage Permit #: swell log attached? Yes [nother sheet) Bottom: T.D.	Lease N Date We The plug	County: Well #: Well #: (Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:					
De	pth to Top:	Bottom: T.D	""						
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:					
Show depth and thickness	ss of all water, oil and gas	formations.							
Oil, Gas or l		Casing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If				
Plugging Contractor License #: Nam				:					
Address 1: Address				SS 2:					
City:			State:						
Phone: ()									
Name of Party Responsi	ble for Plugging Fees:								
State of	Cou	unty,	, SS.						
	(Print Na	ma)	E	mployee 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.



TREATMENT REPORT

Acid Stage No.

icia	x CCIIICII	C CLE			_					
					Type Treatment:		Type Flu		Pour	ds of Sand
late 3/1/2022 District GB F.O. No. C60526				Bkdown		./Gal.				
Company	BLACK OAK EX	PLORATION L	LC				I./Gal.			
Well Name	& No. FELICE 3	-12					I./Gal			
ocation Field				-	Bb	I./Gal			ides and a supplication of the supplication of	
County	MEADE		State KS		Flush	Bb	I./Gal.			
					Treated from		ft. to	ft.	No. ft.	
Casing:	Size	Type & Wt.		Set atft	from		ft. to		No. ft.	0
ormation			Perf.	to	from		ft. to	ft.	No. ft	0
ormation	formation: Perf. to				Actual Volume of Oil / Water to Load Hole: Bbl./Gal.					
Formation			Perf.							
	ze Type &	Wt.	Top at ft.	Bottom atft	t. Pump Trucks.	No. Used: St	d. 365	Sp.	Twin	
					t. Auxiliary Equipmen			327		
					t. Personnel GREG					
	Perforated fr		ft. to		t. Auxiliary Tools					
					Plugging or Sealing	g Materials:	Туре			
Open Hole	Size	T.D.	ft. P	.B. to fr	1			Ga	ls.	lb.
Company	Renresentative		LARRY RO	MMF	Treater			GREG C.		
TIME	TIME PRESSURES LARRY ROMME			116061			GREG C.	NOTE OF STREET	No. of Winds	
a.m./p.m.	Tubing	Casing	Total Fluid Pumped				REMARKS			
10:00		220119		ON LOCATION						
10.00				ON LOCATION						
				CIBP SET @ 545	5O'					
			1			72 DDI 0	1120 @ 15	10!		
				BREAK CIRCULA		-	H2U @ 154	10		
				PUMP 10 GEL 8	4 50 SKS @ 1	1540'				
				BREAK CIRCULATION WITH WATER @ 550'. TOOK 10 BBLS						
				PUMP 50 SKS @	Ð 550'.					
				BREAK CIRCULA	ATION WITH	WATER	@ 60'. TOO	K 3 BBLS		
				CIRCULATE CEN	IENT FROM	60' TO 5	SURFACE. TO	OOK 50 SKS		
				HOLE STAYED F	ULL	-				
				TOLL STATED !	O LL		***************************************			
1:15			1	JOB COMPLETE						
1:15				JOB CONIPLETE						
				THANK YOUR					***************************************	
				THANK YOU!!!						
								V		
										C. C
									-	