## KOLAR Document ID: 1634218

**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 #: Gas Storage Permit #:   ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Gas Storage Permit #:	County: Well #: Lease Name: Well #:
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)
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	l 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

14883	2	Amount	390,	260,	1.20,00	62,00	490,00	5,00	16.00	00 28	X3, 000	17,6	85,60			16.00			n annual		Kef. No: G 235805373
Date 12-9-2	State Zip	Price	130,00	X	85,00	0/1	11,00	5,00	16,00	85.00	1	1ax	453 B16	Comerted		•	business!		ce Charge, which is a lays.		
MENT E Ce S BO E	Customer Jan Koyen Cilo Address Sta	Qty. Description	3 hr Pulling Unit	he comput themp.	hr Water Truck	0	12 01 11 11-	SK 1	1001	bough lank	Plug Job Ethile Jones 14E	Spott	Tulled Up to MAS Spotted ESHS	Hed Upto 275	10 Surface With AS SKS		Thank You – We appreciate your business!	Rec'd. by	I EHMS: Account due upon receipt of services. A 1 <sup>1/2</sup> % Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.	STAPLES STORE #0501 (918) 335-9135	

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