KOLAR Document ID: 1635802

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 De	scription:				
Address 1:			.		Sec Tw	p S. R East West			
Address 2:					Feet from				
City: State: + Contact Person:				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:					
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		 			
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)			
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)			
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:				
Depth to	Top: Botto	m: T.D		00 0					
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Re	Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If			
Plugging Contractor License #	:		Name:						
Address 1:			Address 2:	:					
City:			;	State:		Zip:+			
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _			, ss.					
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed			
	(Print Name)			E	imployee 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.

810 E 7TH PO Box 92 EUREKA, KS 67045 (620) 583-5561



Cement or A	cid Field Report
Ticket No	6302
Foreman R	SSEIL MCLOY
Camp Eure	

	Cust. ID#	Leas	e & Well Number		Section	IOV	nship	Range	County	State
3-18-22	1,000	Tohas	on # 67		23	2	4	12	G.W.	Ks
Customer				Safety	Unit #		Dri	ver	Unit#	Driver
	+ mail	even ni	1 1 40	Meeting	111		Shaw			
Mailing Address	Trimble + MACIASKEY DIL LLC			RM	114		Broker			
	ורו אם			Shannia	128		Russe	211		
City		State	Zip Code	Brokpa						
Grible	24	KS	66 B 52							
Casing Depth_ Casing Size & Displacement_ Remarks:	Wt. <u>858</u>	Cement I	zeeft in Casing ement PSI		Slurry Wt Water Gal/S Bump Plug t	к <u> 1</u>		Ot	ill Pipe her PM _ -	
		5P0T	25 5Ks	B	1125	uf t	11/3			
			as ski	0	807	*		and the second s		
			05 5Ki	B 6	183 - 70	Suit	nce			
, di			55 5×5	TO+91						
			sel spacel			Pluge				

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-105	dty of office	Pump Charge	785.00	185.00
C-107	a o	Mileage	4.30	84.00
C-203	155	5ks 60/40 Pozmix	14.75	2,286,25
c.206	5,30#	Ge1 = 42	.28	148.40
c - 206	400	Gel (Gel SPACER)	. 28	112.00
c-214	40#	Hullis	. 55	22.00
C-108 A		TON Milenge		2.0
e e			m/c	365.00
	<i>a</i>			
				3802.65
			- 5 %	< 204.39>
			Sales Tax	285.20
	R., D	Brian Maclaskey Title CoRep	Total	3883.46