KOLAR Document ID: 1649023

**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 #:			AF	PI No. 1	5			
Name:								
Address 1:			_		Sec Tv	vp S. R East West		
Address 2:			_		Feet from	North / South Line of Section		
City:				Feet from East / West Line of Section				
Contact Person:			Fo	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 #:  ENHR Permit #: Gas Storage Permit #:				County: Well #:  Date Well Completed:				
Producing Formation(s): List A	II (If needed attach another	sheet)	by	:		(KCC <b>District</b> Agent's Name)		
Depth to	Top: Botton	m: T.D	<sub>Pli</sub>	ıaaina	Commenced:			
Depth to	Top: Botto	m: T.D		Plugging Commenced:				
Depth to	Top: Botto	m:T.D	' '	agging	Completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Reco	g Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
cement or other plugs were us		-				ds used in introducing it into the hole. If		
Plugging Contractor License #: Name:			Name:					
Address 1:			Address 2: _					
City:			Sta	ate:		Zip:+		
Phone: ( )								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _		, s	SS.				
			Г	_	nployee of Operator or	Operator on above-described well,		
	(Print Name)			=[]	inproyee or 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 7<sup>TH</sup> PO Box 92 EUREKA, KS 67045 (620) 583-5561



Cement or Acid Field Report
Ticket No. 6293
Foreman David Gardner
Camp Eureka

API# 15-07	13-23/091	CEN		(1)		L		ources	
Date	Cust. ID#		e & Well Number		Section	Township	Range	County	State
4-1-22	1387	Mille	r B #3		29	23 S.	106.		KS
Customer	524			Safety	Unit #	Driv		Unit #	Driver
	orse Pe	troleum		Meeting DG	100	Jas	01		
Mailing Address				TH	113	Bro	ker		
10870	o Maple	e Rd.		BW					
City		State	Zip Code						
10870 City Lafaye	He	Co	80026						
Job Type $\stackrel{\prime}{P}$ .					Slurry Vol		Tul	oing 23/8"	
Casing Depth_	2410'	Hole Siz	e		Slurry Wt		Dri	II Pipe	
Casing Size & V	Vt. 41/2"	Cement L	eft in Casing		Water Gal/SK		Oth	ner	
			ement PSI					М	
Remarks: <u>Sa</u>	fety Me	eting: Rig	up to 23	18" Tub	ing. Plug	wellas	follows		
			40 sk.	s w/t	Hulls @ 2	375'			
					Spacer				
			40 SKS	w/H	ulls @ 1	300'			
			Gel + H						
			135 SK	5 @ 2	50' to Sur	face insi	ide 4 ou	tside of 41/2	casing.
			215 SK						

Code	Qty or Units	Description of Product or Services	Unit Price	Total
0105	1	Pump Charge	840.00	840.00
C107	15	Mileage	4.50	67.50
C203	215 sks	60/40 Pozmix Cement	15.75	3386.25
C206	370#	Gel 2%	.30	111.00
CZ05	370 <sup>#</sup>	Caclz 2%	.75	277.50
C108A	9.24 Tors	Ton Mileage - Bulk Truck	m/c	390.00
C206	200 th	Gel Spacer	.30	60.00
C214	120#	Gel Spacer Hulls	.60	72.00
				50 NV 25
		Thank You 7.5%	Sub Total Less 5% Sales Tax	5,204,25 279,73 390.32
Authoriz	zation by J	osh Vanderman Title Co/Rep.	Total	5,314.84