KOLAR Document ID: 1649826

**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:					
Address 1:			I .	Sec Twp S. R East West					
				Feet from North / South Line of Section					
City:	State:	Zip: +		Feet from East / West Line of Section					
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner:					
Phone: ( )				□ NE □ NW	SE SW				
Water Supply Well ENHR Permit #:  Is ACO-1 filed? Yes  Producing Formation(s):	Other: Ga S No If not, i	SWD Permit #:  as Storage Permit #:  swell log attached? Yes [  nother sheet)  Bottom: T.D.	Lease N Date We The plug	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)					
De	pth to Top:	Bottom: T.D	""	Plugging Commenced:					
De	pth to Top:	Bottom:T.D	——— Plugging	Plugging Completed:					
Show depth and thickness	ss of all water, oil and gas	formations.							
Oil, Gas or V	Water Records		Casing Record (Su	sing 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 Lice	ense #:		_ Name:	:					
Address 1:			_ Address 2:	ss 2:					
City:			State:						
Phone: ( )									
Name of Party Responsil	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.

## , ⊿ality Wireline Services, LLC

Service Order No. 0924

30060 N. Hwy 281 • P.O. Box 468 • Pratt, Kansas 67124 • 580-231-9329 or 620-727-6964 • Fax 620-672-3663

								Date	5-17-22	
Company	ID Franker							Client Ord	ler#	
Billing Address				City			State	L	Zip	
Lease & Well #				Field Name				Legal Desc	cription (coordinate	
Medicina River pench B-14								Casing Weight		
Medicina Rivir Pinch County Si Pluid Level (surface) R  Engineer O  Product Code D		State			Casing Size			Casing Weight  Quality Wire Line T.D.		
		Reading From Operator		Customer T.D.						
				Operator				Unit#		
Product Code	) For	Description			Qty	Unit Pric	e From	Depth	\$ Amou	
	CIBPSS				1	1550		45	40 1550	
			r					1		
_	2 sx come t		Dumo tras	1/2	/	750	0	45	40 750-	
			7						- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			<del></del>							
				-						
-										
				27						
				-			-			
							-			
	and the second									
-							ļ		-	
	Stivice Ch	tsor l			/	1500			tenn	
						1000	SUBTOT	AL	3800 -	
							DISCOU		1710 -	
							SUBTOT		2000 -	
stomer								AX	7 V 10 -	
vlor Printing, Inc 620-672-3656									137 H	
							NET TOT	AL   1/	A / ) ( Y	

Fax 62U-6/2-3663				ษraqy's Ceii ช∠บ- <i>1∠1-</i> ช964						
11 <u>2 1</u> 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sec.	Twp.	Range	County	State	On Location	Finish			
Date 5-18-22	15	34	11 7	Bother	Ks					
Lease Medicion Ruisc	Reach 1	Well No.	B-14	Location						
Contractor Quality	Wel	Som	11/2	Owner						
Type Job PTA			To Quality	To Quality Well Service, Inc.  You are hereby requested to rent cementing equipment and furnish						
Hole Size T.D.			cementer	cementer and helper to assist owner or contractor to do work as listed.						
Csg. 5.5 Depth			Charge To	Charge To Fynlogo too						
Tbg. Size				Street	SECTION OF THE PROPERTY OF THE					
Tool	Tool Depth			City	City State					
Cement Left in Csg. Shoe Joint			The above	The above was done to satisfaction and supervision of owner agent or contracto						
Meas Line Displace			Cement A	Cement Amount Ordered 150 5x 60 140 4% 6e1						
	EQUIPMENT				10sx Gel on side					
Pumptrk 3 No.		2 100		Common	90					
Bulktrk 7 No.		100 M		Poz. Mix	Poz. Mix					
Bulktrk	ulktrk No.			Gel. /	Gel. /500					
Pickup No.	ickup No.			Calcium	Calcium					
JOB SE	RVICES	& REMA	RKS	Hulls	Hulls					
Rat Hole				Salt	Salt					
Mouse Hole			Flowseal	Flowseal						
Centralizers			Kol-Seal	Kol-Seal						
Baskets				Mud CLR	Mud CLR 48					
D/V or Port Collar	D/V or Port Collar				CFL-117 or CD110 CAF 38					
15+ Pumper 1054 Gel 50 5x 60/40				/40 Sand	Sand					
48 60 60 600				Handling	Handling 165					
				Mileage	50		A STATE OF THE STA			
200 Pumped S	601	140 46	0/	FLOAT EQUIPMENT						
2 316				Guide Sho	oe .					
				Centralize	r					
310 Pumped 4	10sx 4	6014	0 4861	Baskets						
a 40 to suctace.					AFU Inserts					
				Float Shoe	9					
4th Topped off with 10sx 60/40					Latch Down .					
48 601				LMV	LMV 50					
		6		Service	o e					
				Pumptrk C	Charge PTA					
				Mileage	100					
						Tax				
						Discount				
X Signature						Total Charge				
	7-11-1						eren de la companya d			

Taylor Printing, Inc.