KOLAR Document ID: 1650692

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

Address 1:	OPERATOR: License #:	API No. 15
Address 2:	Name:	Spot Description:
Address 2:	Address 1:	Sec Twp S. R East West
Contact Person:		Feet from North / South Line of Section
Phone: ()	City: State: Zip: +	Feet from East / West Line of Section
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: County: Lease Name: Well #: ENHR Permit #: Gas Storage Permit #: Date Well Completed: The plugging proposal was approved on: Date Well Completed: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Plugging Commenced: Plugging Completed: Plugging Completed: Plugging Completed: Plugging Completed: Plugging Completed: Plugging Completed:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Water Supply Well Other: SWD Permit #: County. ENHR Permit #: Gas Storage Permit #: Lease Name: Well #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (<i>If needed attach another sheet</i>)	Phone: ()	NE NW SE SW
	Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	Lease Name: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: (KCC District Agent's Name)
		Plugging Completed:

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,	, \$\$.	
(Print Name)	Employee 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.

Submitted Electronically

QUASA ENERGY SERVICE			OFFI FAJ	CE: 940- X: 940-61	EXAS 76240 612-3336 12-3346 CEMENT • NITROGEN		
TYPE AND PURPOSE O	F JOB 者	CEMENT	ACID	NITRO	GEN 🗍 FRAC 🗍 KILL 🗋 OT		
CUSTOMER Sat	Eneran	1 Part	NOS	WELL	NAMEANIERON	#	2
ADDRESS ILLIAN	ndura	lor	it	LOCA	ATION LANSAS		
CITY D. Mas			ZIP 7	7 4 TYPE	AND PURPOSE OF JOB	TA	
DATE OF SALE		TRUCK N	0.4	COU	NTY Finney	STATE	ES
GAINESVILLE, TX	0 00	VICHITA F	1	States and states and states	AIDLAND, TX EL REN		LIBERAL, K
DATE	VOLUME	PUMPS	,	IRE (PSI)		and the second second	
TIME (BPM)	(BBL) (GAL)	TC		CASING	DESCRIPTION OF OPE	RATION AND MAT	ERIALS
0930	2 611	1		11	On Location	IRA UD /	Safety n
1010 2	150		150		DUMP LOW P,	2432'	3
1045 2	1506	16 BB1	150		DUMD 255X R.	, 2000'	1999
1245 2	16.74		150		Accorded will Be	Harr' at	7051
1415	P Cart				4/2 Asa Server	sted to 6	Surface.
1430 15	18.1		ZERO		Too off 41/2	Isc. N	C THEE
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						and the second	
					1.11	. 1	
	1			7	Inglahi Tha	al Yall'	1
PERSONNEL	QUANTITY	UNIT		MATERIAL, E	QUIPMENT, AND SERVICES USED	UNIT PRICE	AMOUNT
Canny 7	80	mile	1000 1	1. Vale	- permite	5.31	1211 01
Angel 227	160	m.10	1010 1	n'ilean	16 - Govrement	9 3/2	1200
	1	00.00				1.0	1.520.0
	700	PET SOLA	5622	Prop ha	Scours anna - 1	2315-	1
	1.8	Ici Julie	5660	Cement	-19te - A	11513	1315,25
						10.04 3	21708,00
LOC: Y/N		143	* -				
All accounts are past due net	. úx	12.	1				
30 days following the date of invoice. A finance charge	A.	lar'			7. 11		
of 11/2% per month or 18% annual percentage rate will		20			Job total		
be charged on all past due accounts.					5% Dswat	1369 21	376.05
						(05,00)	
PACKER DEPTH			As of 9/	22/2015 any	TOTAL	7 010	
PERFORATIONS CASING SIZE 4	1/2 1/2) and	will refl	ect the full	TOTAL / invoice with a discount must be fter 60 days the discount will be re price.	paid within G	25
TUBING SIZE 7	3/4	1.5#	73	ht		emoved and the inv	S Of
OUNNINGHAM PRINTING BO	-433-0910 (REV.n	5/101		ant.	endo		uce
		5)			CUSTOMER SIGNATURE & DATE		

field Ticket 041-2