KOLAR Document ID: 1643956

**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:					Spot Description:							
Address 1:					SecTwp S. R East Wes							
Address 2:					Feet from North / South Line of Section							
City: State: Zip: +					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:							
												Is ACO-1 filed? Yes
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>	Plugging 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	rd (Sun	face, Conductor & Produc	ction)						
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:												
Address 1:			Address 2: _									
City:				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.



## TREATMENT REPORT

Acid & Cement 🕮					Acid Stage No.							
					Type Treatment:	fmΔ		Тур	e Fluid	Sand Size	Pou	nds of Sand
D . E/	17/2022 b:	ataiat GB	F.O. N	C60568	Bkdown				C FIGIG			1103 07 00710
	ARTMAN OI	-	1.0.14									
_	No. SCHART											
	A NO. SCHART		Field									
County B			State KS		Flush							
County E	Altroit										Alm fe	0
	- 54/2			C-1-1-1	Treated from							
				Set atft.						ft.	No. ft	
Formation:			Perf.		from					16.	NO. 1C.	
Formation:			Perf.	to	Actual Volume o	of Oil / Water	to Load I	tole:				Bbl /Gal.
Formation:			Perf.									
Liner: Size	Type &	Wt.	Top at ft.	Bottom atft.	Pump Trucks.	No. Used:	Std.	320	Sp		Twin	
					Auxiliary Equipm				3	60-308T		
Tubing: S			Swung at	ft.	Personnel GRE	G JOE						
	Perforated fr	om	ft. to	ft.	Auxiliary Tools							
					Plugging or Seal	ing Materials	s: Type					
Open Hole S	Size	T.D.	ft, P.	B, toft.						Gal	S.	lb.
Company R	epresentative		KEVIN WIL	.5ON	Treater				GRE	G C.		
TIME		SURES										
a.m./p.m.	Tubing	Casing	Total Fluid Pumped				REMA	ARKS				
10:00				ON LOCATION 5	/16/2022							
					L AND 75 SKS 60/40 POZ WITH 200# HULLS @ 3000'							
					WITH 100# HULLS @ 1300'							
					CIRCULATE CEMENT FROM 630'. PUMPED 200 SKS							
											0.272	
				60/40 POZ, DID NOT CIRCULATE. TAG CEMENT IN AM								
1:15				DISMISSED FOR	THE DAY							
8:15				ON LOCATION 5	/17/2022							
				TAGGED CEMEN	IT @ 1000	1						
				CIRCULATE CEM	ENT FROM	<b>/</b> 630', '	тоок	150 5	KS CON	MMON 3	3% CC	
	1,7		TOP OFF CASING WITH 5 SKS						FIFTER			
				TIED ON TO SUR	FACE PIPE	PRESS	UREC	UP T	0 300#	IMMED	DIATFLY	
10:15				JOB COMPLETE								
				THANK YOU!!!								
				THAIN TOU!!!								