KOLAR Document ID: 1658997

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 #:	
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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)	County: Well #: Well #: Date Well Completed: The plugging proposal was approved on: (Date, by: (KCC District Agent's Name, Plugging Commenced: Plugging Completed: Plugging Plugging Completed: Plugging Pluggi
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Wate	r 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:							
Phone: ()							
Name of Party Responsible for Plugging Fees:							
State of County,	, SS.						
(Print Name)	Employee of Operator or Operator on above-described we						

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



TREATMENT REPORT

					Type Treatment	it: Amt		Type Fluid	Sand Size		-4-60
Date 7/18/2022 District GB F.O. No. C60615				Bkdown		Bbl./Gal.			Pot	nds of Sand	
Company	HARTMAN O	IL					Bbl./Gal.				
	e & No. HARPE						3bl./Gal.				
Location 10-18-14W Field					E	3bl./Gal.					
County	BARTON		State KS		Flush	E	Ibl./Gal.				
					Treated from					No. ft.	0
Casing:				Set atft.	from					No. ft.	0
Formation			Perf.		from				ft.	No. ft.	0
Formation			Perf.	to	Actual Volume o	of Oil / Water to					Bbl./Gal.
Formation			Perf.								
	ze Type &			Bottom atft.	Pump Trucks.	No. Used:	itd. 320	Sp,		Twin	
	Cemented: Yes	Perforated 1	from	ft. to ft.	Auxiliary Equipm	ment		3	60-308T		
ubing:					Personnel GRE						1000000
	Perforated fr	om	ft. to		Auxillary Tools						
0	et		and the second		Plugging or Seal	ling Materials:	Туре				
Open Hole	Size	T.D	ft. P	ft.					Gals		lb.
						1.000					
TIME	Representative	SURES	KEVI	V	Treater		_	GREG	G C.		
.m./p.m.	Tubing	Casing	Total Fluid Pumped				REMARKS				
3:15	toung	Cashig		ON LOCATION				_			
				ONLOCATION			_				
				PUMP 100 SKS WITH 300# HULLS @ 3000'							
				FOINE TOO SKS V	VIII 300#	FHULLS (n 3000.			_	
				DUMP 100 SKS W			2 20001				
				PUMP 100 SKS V	VIIII 200#	HULLS	2000				
					D 10001 0	NE CACINA					
				PULL TUBING AN	D 1000. 0	JE CASINO	5	-			
				DUN TUDING TO	10001 015		0				
				RUN TUBING TO	1000°. CIR	CULATE	CEMENT	FROM 1	.000' TO	SURFA	CE
				TOOK 250 SKS			_				
										-	
				TOP OFF WITH 1	5 5K5						
:00											
				JOB COMPLETE							
				THANKYOUT							
				THANK YOU!!!							
					1.						