KOLAR Document ID: 1662996

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
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: ()	NE NW SE SW
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 #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.	Plugging Commenced: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,	, SS.	
(Print Name)	Employee of Operator or Operator on above-described	l 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

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17-0-2-0 17-0-2-0 10-17-0-2-0	RANGE	360	TRUCK #			EIGHT	OTHER	CASING	Oraci		1+ 12th				UNIT PRICE	1 20	120101	175	00 71	111		1						SALES TAX	ESTIMATED	DATE
	TOWNSHIP	125	DRIVER	Cory D.	Nor LING	CASING SIZE & WEIGHT		CEMENT LEFT in CASING RATE	45 010 Ce		For, 4966				DUCT			(Man)				20 Disc								
MENT REP	SECTION	151	TRUCK #	103	010-00	47001			#5, Plus		No byyo			You -	DESCRIPTION of SERVICES or PRODUCT			De liver	N. U. Mar	V LENEN Y		1425 20%								
ET & TREAT	BER	#1-15				HOLE DEPTH	TUBING	WATER gal/sk_ MIX PSI	1. Ke		255			1 hank	ESCRIPTION of S	Ц		Milego	11.12	1 -1000						124				TITLE
ILD TICK	WELL NAME & NUMBER	Nonas	_ [14416	ZIP CODE	1	12 XH	PSI	v do s									Tow)	+1-1	Flo										
	MELL	Christ		10 42100	STATE	HOLE SIZE		SLURRY VOL	tues Rie	, 05	50,	0,			or UNITS			52	SC SK	24									-	an loc
785-953-0222	CUSTOMER #			SS CON LE		HH	1	5	ety Meet	26	V2 0 15	545 0 4	5/2 10, RH		QUANTITY or UNITS	1	-	10.9	40											JUAN C CONTON
HP SHWICES, LLC	DATE	8-4-23		MAILING ADDRESS	СІТҮ	JOB TYPE	CASING DEPTH	SLURRY WEIGHT	REMARKS:	50 545	100 5%	00	30 2		ACCOUNT	CODE													1-	AUTHORIZATION