KOLAR Document ID: 1662988

**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 #:	I API No.	15 -								
Name:										
Address 1:	'	•	Twp S. R East West							
Address 2:		Feet from								
City: State: Zip:	+	Feet from	East / West Line of Section							
Contact Person:	Footage	s Calculated from Nea	rest Outside Section Corner:							
Phone: ( )		□ NE □ NW	SE SW							
Type of Well: (Check one) Oil Well Gas Well OG D&A  Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:  s ACO-1 filed? Yes No If not, is well log attached? Yeoducing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.	Yes No County:  Lease N  Date We The plug by:	County: Well #: Well #: Date Well Completed: (Date by: (KCC District Agent's Name								
Depth to Top: Bottom: T.D.										
Depth to Top: Bottom:T.D.		g Completed								
Show depth and thickness of all water, oil and gas formations.										
Oil, Gas or Water Records	Casing Record (Su	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 to cement or other plugs were used, state the character of same depth placed from the cha	·		ods used in introducing it into the hole. If							
Plugging Contractor License #:	Name:									
Address 1:	Address 2:									
City:	State:									
Phone: ( )										
Name of Party Responsible for Plugging Fees:										
State of County,										

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.

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TICKET NUMBER LOCATION FOREMAN

## FIELD TICKET & TREATMENT REPORT CEMENT

BANGE		TRUCK # DRIVER			VEIGHT	OTHER	CASING				14 # Flo Sail					UNIT PRICE TOTAL	1.500% 1,500%	715 25025	1 25m 671 91	14.99 17.08.00	300 199 000	h, 694 10	1,558.63	5,355-5				SALES TAX	ESTIMATED TOTAL DATE
TOWNSHIP	501	DRIVER	Cory D.		CASING SIZE & WEIGHT		CEMENT LEFT in CASING	RATE COM			49, 601,					DUCT							20% Disc						
SECTION	10	TRUCK#	103		4815			Place			6940pm			You	+Crec	DESCRIPTION of SERVICES or PRODUCT			Junes	V Due			h0.56						
ARER	4 1-17	Wimone	M.S.		HOLE DEPTH	TUBING	WATER gal/sk	MIX PSI	The state of the s		255 sive			1 calc	Lilett	DESCRIPTION of	RGE		1 page De	10.14 13	72								TITLE
WELL NAME & NUMBER	F. J. J.		TANK !	ZIP CODE	3/1/			IS4									PUMP CHARGE	MILEAGE	Tow M	1.64.4	Flass								
WELL	11.		) ce ( T 10)	STATE	HOLE SIZE	DRILL PIPE	SLURRY VOL	DISPLACEMENT PSI								or UNITS			97	5 523	本 10								Cerian les
CUSTOMER #			SS		TA H	٥	13.5	The most	2000	10 5K	50 516	ic sks	" R.H			QUANTITY or UNITS		35	10,	25									6
DATE	7-05-05	CUSTOMER	MAILING ADDRESS	CITY	JOB TYPE	CASING DEPTH	SLURRY WEIGHT	DISPLACEMENT_REMARKS:	1 1	1675 -	450"-	15 5/6 ;	30 SKS ;			ACCOUNT													UTHORIZATION TO A

AUTHORIZATION - Will the payments terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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TICKET NUMBER LOCATION FOREMAN

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## FIELD TICKET & TREATMENT REPORT

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COUNTY	Clack	DRIVER			-22 H		2	1 2				TOTAL	25 VS/	50 25	19616	400 10	7832	258 41	3		
	7				100		5	the dist					10	11	1	0	Des	-50			
RANGE	340	TRIICK#			FIGHT	OTHER	R CASING /	S. C.				UNIT PRICE	11500	715	1.25	240		. 351			
TOWNSHIP	105	DRIVER	Cory D		CASING SIZE & WEIGHT		CEMENT LEFT in CASING	ES IUNG				DUCT					Out. If my	20%		,	
SECTION	101	TRUCK#	102		395,			#5 010	21VCs	2 to Rt	ale You	DESCRIPTION of SERVICES or PRODUCT			Delineary	and grammaria		has			
SER	01-1# 1	Wilmona	Start Start	1 to	HOLE DEPTH	TUBING	WATER gal/sk_MIX PSI	Doko	000	A S BB	Hele	ESCRIPTION of 8	GE		logo 1	ice Ble					
WELL NAME & NUMBER	(NC) Bars		TNC	ZIP CODE	12 1/4"		log of	0000	C 540 3	Mayor		0	PUMP CHARGE	MILEAGE	Ton 198	Surt					
WELL	6)ax	1	1 1011	STATE	HOLE SIZE	DRILL PIPE	SLURRY VOL	oting	3			r UNITS		p.com	33	195 14					
CUSTOMER#			SS SS	5,	400	4	15.2 SI	15 4 M				QUANTITY or UNITS		35	12,0						
DATE	9-16-22	CUSTOMER	MAILING ADDRESS	CITY	JOB TYPE	CASING DEPTH_	SLURRY WEIGHT	REMARKS:				ACCOUNT	CODE								

I acknowledge that the payments terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form. DATE

TITLE

1/all

AUTHORIZATION

ESTIMATED TOTAL SALES TAX