KOLAR Document ID: 1663244

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 Wes | | | | | | |
| Address 2: | | | | | Feet from North / South Line of Section | | | | |
| City: | State: | Zip: + | . | Feet from East / West Line of Section | | | | | |
| Contact Person: | | | | Footage | s Calculated from Neares | st Outside Section Corner: | | | |
| Phone: () | | | | | NE NW | SE SW | | | |
| Type of Well: (Check one) | | OG D&A Cathodi SWD Permit #: | | , | | | | | |
| ENHR Permit #: | Gas Sto | rage Permit #: | | Date Well Completed: | | | | | |
| Is ACO-1 filed? Yes | No If not, is well | log attached? Yes | | | | ved on: (Date) | | | |
| Producing Formation(s): List A | ll (If needed attach another | sheet) | | | | (KCC District Agent's Name) | | | |
| Depth to | Top: Botto | m: T.D | | Plugging | a Commenced: | | | | |
| Depth to | Top: Botto | m: T.D | | 00 0 | | | | | |
| Depth to | Top: Botto | m: T.D | ' | . ragging | g completed. | | | | |
| | | | | | | | | | |
| Show depth and thickness of a | all water, oil and gas forma | ations. | | | | | | | |
| Oil, Gas or Water | Records | | Casing Re | Record (Surface, Conductor & Production) | | | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Describe in detail the manner cement or other plugs were us | | _ | | | | Is used in introducing it into the hole. If | | | |
| Plugging Contractor License # | : | | Name: | | | | | | |
| Address 1: | | | Address 2: | : | | | | | |
| City: | | ; | State: | | Zip:+ | | | | |
| Phone: () | | | | | | | | | |
| Name of Party Responsible fo | r Plugging Fees: | | | | | | | | |
| State of | County, _ | | | , ss. | | | | | |
| | <i>3</i> , – | | | _ | implayed of Onesates | Operator on obeyed decertibed | | | |
| (Print Name) | | | | E | imployee 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.



| | 7 | _ |
|------|--------|-----|
| Date | 8-22-2 | _ Z |

| (316) 524-1225 • FAX (316) | 6) 524-102 | 7 | Da | ate | 8- | 12- | 75 | | |
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| R/A SOURCE NO | FIELD |) | | | | | | | |
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| SPOT LOCATION 500/4 SEC. | 10 | TWF | . 2 | 24 5 RANGE | | | 46) | | |
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| PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT | | | | | | Г | 41.0 | 200 | |
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| WY // / | | | | | | | | | |
| Customer Signature Date | | | | | | | | | |



FIELD ORDER Nº C 48016

BOX 438 • HAYSVILLE, KANSAS 67060

| | | 316- | 524-1225 | DATE Duy ? | 1 | 2000 |
|--|--|---|---|--|----------------|---|
| | | | | DATE | Ach | 20 22 |
| AUTHORIZ | ED BY: | Ex Calibae Peol. | E OF CUSTOMER) | | | |
| ddress | | City | | | State | |
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| I certify tha | at the above der the dire | material has been accepted and used | that the above wner, operator or | service was performe his agent, whose sig | ed in a good a | and workmanli ars below. |
| | lepresentativ | ator | | Well Owner, Operato | or or Agent | |



TREATMENT REPORT

Acid Stars No. 85

| | | | | | Type Treatment: Amt. | Type Fluid | Sand Size Pounds of Sand |
|----------------|---------------|----------------|-----------------------|--------------|---------------------------|----------------------|--------------------------|
| 1 8-2 | -22 DI | ague Bries | 70 F. O | . No | BkdownBb | l. /Gal | |
| _ | | | | | Въ | l. /Gal | |
| Well Name & N | Coron | lados | | | 1 | | |
| | | | | | | | |
| Location | | | V. | | | | |
| County | ~ | | State 4 | | | | ft. No. ft |
| 5 | 7 12 | | | | | | ft. No. ft |
| Cusing: Sixe | | | | Set atft. | | | |
| | | | | to | | ft. to | ft. No. ft |
| | | | | to | Actual Volume of Oil/Was | ter to Load Hole: | Bbl. /Gal. |
| Formation: | | | Perf | to | | | |
| Liner: Size | Type & W | L | Top atft. | Bottom atft. | Pump Trucks. No. Used: | std 323 8p | Twin |
| Ceme | nted: Yes/No. | Perforated fro | om | ft. toft. | Auxiliary Equipment 3 | | |
| Tubing: Size & | Wt | | Swung at | ft. | | | Set at |
| | | | | tı. | Auxiliary Tools | | <u> </u> |
| | | | | | Plugging or Sealing Mater | iale: Type 110 socks | Cor |
| then Hole Size | | TD | ft. P.1 | l. toft. | 190 sales (d | 140-4° +03 | Cigle |
| then Hole size | | | | | | . ^ | |
| _ | | | | | Treater 1 | - m/l | |
| Company R | | e | _ | | | | |
| TIME | Tubing | Casing | Total Fluid Pumped | | RI | EMARKŠ | |
| a.m /p.m. | Tubing | Casing | | 0 1 | ~ ~ ~ | | |
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