KOLAR Document ID: 1665756

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 | | | |
| 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) | | OG D&A Cathodic | | County: Well #: Date Well Completed: The plugging proposal was approved on: (Date) | | | | |
| ENHR Permit #: | Gas Sto | rage Permit #: | | | | | | |
| Is ACO-1 filed? Yes | No If not, is well | log attached? Yes | | | | | | |
| Producing Formation(s): List A | ll (If needed attach another | sheet) | | | | (KCC District Agent's Name) | | |
| Depth to | Top: Botto | m: T.D | | Plugging Commenced: | | | | |
| Depth to | Top: Botto | m: T.D | | Plugging Completed: | | | | |
| 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 | | Casing 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 #: | | | | x | | | | |
| Address 1: | | | Address 2: | : | | | | |
| City: | | | \$ | State: | | Zip:+ | | |
| Phone: () | | | | | | | | |
| Name of Party Responsible for | r Plugging Fees: | | | | | | | |
| State of | County, _ | | | , ss. | | | | |
| | <i>3</i> , – | | | _ | implayed of Oneroter - | Operator on obeyed decertibed | | |
| (Print Name) | | | | | 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.



TREATMENT REPORT

Acid Stage No. P.J.

| | | | | l Tr | ype Treatment: Amt. | Type Fluid | Sand Size Pounds of Sand | | | | | | | | | | | | | | | | | | |
|---|--------------|-----------|-----------------------|--------------|---|------------|--|--|--|--|--|--|----------------|---------------|---|-----------|---------------|--|--|--------|--|--|--|--|--|
| 6.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date 1 15 22 District District F. O. No. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Well Name & No. Co. Co. Co. Co. Co. Co. Co. Co. Co. C | | | | | Bbl. /Gal. | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Flush Bbl. /Gal. Treated from ft. to ft. No. ft. from ft. to ft. No. ft. from ft. to ft. No. ft. | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Formation: | | | N-4 | | Pump Trucks. No. Used: 8td. 333 Sp. Twin | | | | | | | |
| | | | | | | | | | | | | | Formation: | | | Peri | to | | | | | | | | |
| | | | | | | | | | | | | | Liner: Sixe | Type & Wt | • | Top atft. | Dottom Commen | | | | | | | | |
| | | | | | | | | | | | | | Ceme | nted: Yes/No. | Perforated from | m1 | | Packer: | | Set at | | | | | |
| | | | | | | | | | | | | | Tubing: Size & | Wt | | Swung at | ft. | Packer: | | | | | | | |
| Perfe | orated from | | ft. to | ft. | Auxiliary Tools | TO Con | tor 150 Halls | | | | | | | | | | | | | | | | | | |
| | | | | | Plugging or Scaling Materials: Type | IENT IL | Gala. Ib. | | | | | | | | | | | | | | | | | | |
| Open Hole Size | | т.р | ft. P.E | . toft. | Top 130 sedu Com | ISO: HAID | ZUKIB | | | | | | | | | | | | | | | | | | |
| then Mote size | | | | | 1. 0 | Λ | | | | | | | | | | | | | | | | | | | |
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| Company R | epresentativ | e | Matel World | | REMAR | * s | | | | | | | | | | | | | | | | | | | |
| TIME | Tubing | Casing | Total Fluid Pumped | | REMAK | | The second secon | | | | | | | | | | | | | | | | | | |
| a.m/p.m. | Tubins | 0001119 | | ON locat | TCA RE | - tulo @ | 300, | | | | | | | | | | | | | | | | | | |
| 9:30 | | | | 0101 | a distribution | 0 | | | | | | | | | | | | | | | | | | | |
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