KOLAR Document ID: 1668310

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 #:	County: Well #: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	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	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom:T.D	

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			tion)	
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	r 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.

Submitted Electronically

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CC	ONSOLIDATED	26	7079		LOCATION		
	H Well Services. LLC					ARAY Sta	nem
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	anute, KS 66720 FIE r 800-467-8676	LD TICKET	& TREA		PURI	•	
DATE		NAME & NUMB		SECTION	TOWNSHIP	RANGE	COUNTY
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	Mal. STATE	7460/		723	haven		
MONCA	Cry UT					LITIONE LIFE	<u> </u>
B TYPE \o			HOLE DEPT!		CASING SIZE &		
SING DEPTH	DRILL PIPE					OTHER	14-
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ACCOUNT CODE	at 400/bs.	Jula	ut-1.3	f SERVICES or	405/3-59 <u>557</u> 9500 PRODUCT	UNIT PRICE	TOTAL
code J401	at 400/65.	Jula	SCRIPTION O		405/3-39 1329 500 PRODUCT	1395.00	1395.00
CODE 5401 5406	QUANITY or UNITS	TSO ILS Suifae DE PUMP CHARG MILEAGE	SCRIPTION O	f SERVICES or		1395.00 4.20	1395.00
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I acknowledge that the payment 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 for

Ratzlaff Brothers Concrete

1220 27th Avenue Canton, KS 67428

Invoice			
Date	Invoice #		
10/3/2022	109503		

Bill To	 	
Te-Pe Oil		

Job Location	
Albert 🗭 #/	

			Terms	Due Date
			Net 15	10/18/2022
Міх Туре	Ticket #	Yards	Price/Yd.	Amount
Slurry Sales Tax	Per la	3.13	330.00 7.50%	1,032.90T 77.47
	By. Le	se Albe	Date Date 	
		То	tal	\$1,110.37

Past due balances in excess of 30 days will be assessed interest at a rate within legal maximum and not to exceed 1 1/2% per month (18% APR)