KOLAR Document ID: 1669744

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:		Spot Description:			
Address 1:	'	SecTwp S. R EastWest Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:			
Address 2:					
City:	+				
Contact Person:	Footage				
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? Yeroducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	Lease N Date We The plug by:	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D.		Plugging Commenced: Plugging Completed:			
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 (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 the cement or other plugs were used, state the character of same depth placed from the	·		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.



FIELD ORDER Nº C 48010

BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225

				010 024 1220	DATE Ovy)(4	2022
IS ALITHOD	IZED BY:	Dans	Pa		DAIL SIST IN	4	20
	IZEU BT	Bank	181	(NAME OF CUSTOMER			
Address				City		State	
To Treat Wel As Follows:	Lease	Deyen		Well No	Custome	er Order No	
Sec. Twp. Range		3		County Coule	^	State	<u> </u>
not to be held I implied, and no treatment is pa our invoicing d	liable for any da o representations yable. There wil epartment in acc	mage that may a have been relie I be no discount ordance with la	accrue in connection ad on, as to what me allowed subseque test published price	at Copeland Acid Service is n with said service or treatn ay be the results or effect o nt to such date. 6% interest	to service or treat at owners rinent. Copeland Acid Service of the servicing or treating said will be charged after 60 days.	sk, the hereinbefor has made no repre- well. The conside	e mentioned well and i sentation, expressed o ration of said service o
	UST BE SIGNED IS COMMENCED)	Well O	wner or Operator	Ву	Agent	
CODE	OLIANITITY					UNIT	
CODE	QUANTITY	0	`	DESCRIPTION		COST	AMOUNT
	1	King	chy to	play sulpe			100=
	13050	e 60-4	0-2% 102	13 yearde			1722
	1	Poly -	TRailer Re	splir 2 wells			25000
	75 mil	~ 10g	y miley	splir 2 wells			22500
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				*)			-
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	1000	Bulk Charge	251				VI N FFO
			3.10				169
	H38 2	Name of the last o		on mike		-	471-
		Pr	ocess License F	ee on	Gallons		
					TOTAL BILLING		
manner u	hat the above under the dire Representativ	ction, superv	s been accepte vision and contr	d and used; that the all old of the owner, opera	bove service was perform tor or his agent, whose s	med in a good a signature appea	and workmanlike ars below.
Station	2	7	//				
Station	1-)44	701			Well Owner, Oper	ator or Agent	
Remarks	tlu	Out	2:20				

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. PJ

- 1	ı	0 -		Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Date & LU 22 District Bure F. O. No. Company Well Name & No. Meyers # Location Field				D. No
				Bbi./Gal.
				Bbl./Gal
County Cas	whe		State 2 5	Plush
	\rightarrow			Treated fromft. toft. No. ft.
Custowe Man		Type & Wt.		Set at
				toft. No. ft.
				to
				ACTUAL VOLUME OF CHI / WALET TO 1/089 FIGUR:
				to
Tubing: Size &	. Wt		Swung at	ft. Packer: Set atft.
Peri	forated from		ft. to	Plugging or Sealing Materials: Type 130 So. Ja. (60-40-27, P62
				Plugging or Sealing Materials: Type 1 SO SOLOM COUTY 12 102
then Hole Size			t. P.1	B. to
		-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Comment	lepresentativ	•		Treater TVIA
	PRES		Total Fluid	
TIME a.m/p.m.	Tubing	Casing	Pumped	REMARKS
			6	Pay role to 275' the on star whento Fill
7.00			\overline{c}	6. 2.6 1 1 2
<u> 3 70</u>		ļ	<u> 588 . </u>	Hard to Sublace
-:			0	Gross mix goin down hole 5,5 and Slyppy
2:45	•	<u> </u>	31884	Carol comme to sallere pono poly out 120 sales too
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9:15				
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