KOLAR Document ID: 1673493

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 Tw	p 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) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:					County: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on:						
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		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	sing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If				
Plugging Contractor License #		Name:	ne:							
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 Onerster -	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.



FIELD ORDER Nº C 48044

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

				Tot Tol. T	0.23.20	DATE	Det 10			_ 2022_
IS AUTHORI	ZED BY:	Bear	Per							,
Address			•		CUSTOMER)			State		
	Lease Su	290300	swel							
Sec. Twp. Range		-		_ County	Mario	<u>-</u>		State	X	•
not to be held I implied, and no treatment is pay our invoicing de	iable for any dan representations yable. There will epartment in acco	nage that may accr have been relied of be no discount allo ordance with latest	rue in connection wit on, as to what may be	th said servic e the results such date. 6 edules.	e or treatment. or effect of the s % interest will b	Copeland Ac servicing or tr e charged aft	id Service has neating said well.	nade no re The con	eprese siderat	mentioned well and is ntation, expressed o ion of said service o bject to correction by
	JST BE SIGNED IS COMMENCED		Well Owner	or Operator		By		Ag	ent	
CODE	QUANTITY			DESCR	IPTION			UNIT		AMOUNT
	1	Punp ch	n for pl	se of						700 00
	1505a		45 60 Pos	3	37 sack					805L 5
	1004	Hulls	204 M	-	miles					50,
	Himsh	try Tec	ide miles	y G	miles	- tilge	Ilrea E			92
				1			x			
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	150 sak	Bulk Charge	209 cach							182)
	3020	Bulk Truck Mile	es // 40%	mile						333
		Proce	ess License Fee o	n		Gallons				
				0.		TOTAL E	BILLING			
manner u	hat the above inder the dire Representativ	ction, supervisi	een accepted ar on and control o	nd used; th	at the above er, operator o	service war his agent	as performed , whose sign	l in a go ature ap	od ar	nd workmanlike s below.
Station	a	meaton	/							
	DI	1	1112			Well	Owner, Operator	or Agent		

NET 30 DAYS



TREATMENT REPORT

Acid Store No Par

Date VO 10 22 District Provided F. O. No. Company Well Name & No. Location County Casing: Size Type & Wt. Formation: Perf. to Formation: Perf. Casing: Size Type & Wt. Top at ft. Bottom at ft. Cemented: Yes/No. Perforated from. ft. to. ft.					Bbl. /Gal. Bbl. /Gal. Bbl. /Gal. Flush Bbl. /Gal. Treated from ft. to ft. No. ft. from ft. to ft. No. ft. Actual Volume of Oll/Water to Load Hole: Bbl. /Gal. Twin					
					Packer:			R.		
Peri	orated from			<u>t.</u>	Plugging or Sealing Materials: T	vne 150 sauk	40-40-1	Ke Poz		
as Williams	_	T D	0.41	B. toft.	100= Halls					
INN'S Hole SIN					<u> </u>					
Commany R	lepresentativ	e			Treater Burk	Neko				
TIME		SURES	Total Fluid		REMA	PYS				
a.m /p.m.	Tubing	Casing	Pumped		REAL					
: 7				Pias shor	etc 25%	an down				
12:10		<u> </u>		Rm - Tute	1- 40 3151 Ki	· · ·				
12:15			0	Time and	Toba Stret u	Hard ald	- 50°	Hulls.		
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:			0	Start m	in our down	hole addi	50° Hy	US STSWAL)		
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				how truly	down on		· · · · · · · · · · · · · · · · · · ·			
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