KOLAR Document ID: 1673488

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 #:					County: Well #:				
ENHR Permit #: Gas Storage Permit #:					Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved 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 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	ng 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 #:				»:					
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.



FIELD ORDER Nº C 48043

BOX 438 • HAYSVILLE, KANSAS 67060

				316-524	-1225	~ ~	`	00
			\circ			DATEO	1	20 8
IS AUTHOR	IZED BY:	Bene	Her.		CUSTOMER)			
							State	
	41	T 0-	`					
As Follows:	Lease H	2 3×	,cky	Well No.	2	Custome	r Order No	
Sec. Twp. Range			<i></i>	County	Madi	2 ~	State	2
not to be held implied, and no treatment is pa our invoicing d	liable for any da prepresentations yable. There wil epartment in acc	mage that may accr have been relied o	ue in connection on n, as to what may owed subsequent to published price so	with said service be the results to such date. 6 chedules.	e or treatment, or effect of the s % interest will be	vice or treat at owners ris Copeland Acid Service had ervicing or treating said valor charged after 60 days.	as made no repre vell. The conside	sentation, expressed ration of said service
	UST BE SIGNED		W-II 0	er or Operator		Ву		
			Well Owne	er or Operator			Agent	
CODE	QUANTITY			DESCR	IPTION		UNIT	AMOUNT
	1	Pump de	La Soc	Vyla	do			D00 00
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	98337	- Bulk Truck Mile	10/	~ mile	,			31170
		Proce	ss License Fee	on		Gallons		
						TOTAL BILLING		
manner	hat the above under the dire	ction, supervisi	een accepted on and control	and used; th of the owne	at the above r, operator o	service was perform his agent, whose si	ned in a good ignature appe	and workmanlike ars below.
Station	ByR	Don	<i>U</i> /		-	W. II 2		
Remarks	Plan	Out 11:45	_			Well Owner, Opera	itor or Agent	
r tornarko_	1,1	11-10		NET 30	DAYS			



TREATMENT REPORT

Acid Stars No.PJ

		_			Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand	
Date 10-7-92 District States F. O. No.					Bbl. /Gal					
Company Bent Per Well Name & No. 85 State #2				Bbi./Gsi						
Well Name & 2	" HZ.	- Tucki	72	***************************************		Bbl. /Gal				
Location Pield						Bbl. /Cal				
County Making State						Bbl. /Cal				
						fs.				
				Bet atft.		ft.				
				to		ft.				
				to	Actual Volume of	Oil/Water to Load	Hole:	5	Bb). /Gul.	
				to		o. Used: 8td. 33	3			
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				ft. toft.		nent				
				ft.						
Peri	orated from		ft, to		Auxiliary Tools	ng Muterials: Type.	140000	1 DAME	tc. Pa-	
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Company P	lepresentativ				_ Treater					
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