## KOLAR Document ID: 1677356

**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 <b>District</b> 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)			
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 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

2598 K-C	COUNTY COUNS DRIVER		TOTAL 10TAL 1200 00 1920 1	er's account
No.	RANGE 3) ビ TRUCK #	OTHER OTHER CASING CASING	UNIT PRICE	SALES TAX ESTIMATED TOTAL DATE in the custom
LOCATION FOREMAN	TOWNSHIP 11/5 DRIVER JOIN 542-04	CASING SIZE & WEIGHT OTHER CEMENT LEFT In CASING RATE * OPPLOCC	DUCT UNI	of the form or
TICKI LOCA FOCA FIELD TICKET & TREATMENT REPORT CEMENT	SECTION 34 TRUCK# 10.3 520-555	15-33' Purg as	S or PRO	ting on the front
r & treatn cement	1 Langeis 14 Loste 1 in to	HOLE DEPTH L TUBING WATER gallsk MIX PSI MIX PSI MIX PSI MIX PSI	SCRIPTION of SERVICE	TITLEamri
ЕКВ ТІСКЕТ	WELL NAME & NUMBER	Sea m	PUMP CHA MILEAGE Tom Lig F1/-SC F1/-SC	ss specifically a
	STATE	OLE SIZE	17 or UNITS	under and a note on the only of the only o
785-953-0222 <b>M</b>	USTOME		QUANTITY or UNITS	hat the payme
H P OLFFLID.	DATE C LO-19-20 CUSTOMER ROW L MAILING ADDRESS CITY	JOB TYPE E CASING DEPTH SLURRY WEIGHT DISPLACEMENT REMARKS: S: CO SK LOD SK LOD SK LOD SK SC SC SK SC	ACCOUNT	AUTHORIZATION