## KOLAR Document ID: 1678576

**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 #: SWD Permit #:   ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD Permit #:   Is ACO-1 filed? Yes No If not, is well log attached? Yes No   Producing Formation(s): List All (If needed attach another sheet) Storm: T.D. Storm: T.D.   Depth to Top: Bottom: T.D. Storm: T.D. Storm: Sto	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Diversion Completed:
Depth to Top: Bottom: T.D	Plugging 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 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

Phone 785-483-1071 Cell 785-324-1041	Н	ome Office	9 P.O. E	lox 32 Ru	ssell, K	(S 67665	Nó.	3299	
Date 11-24-22	Sec. Twp.	Range		County	ŧ	State	On Location	Finish 10:00Pm	
			Locat	ion Pena	lenni	s 2N	13W		
Lease FROELIC	CH .	Well No. /	7	Owner			A. C.	-	
Contractor STP				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish					
Type Job PTA					cementer and helper to assist owner or contractor to do work as listed.				
Hole Size 7 7	T.D.	T.D.			To MG Oil				
Csg.	Depth				Street				
Tbg. Size	Depth						State		
Tool	Depth		-	City State The above was done to satisfaction and supervision of owner agent or contractor.					
Cement Left in Csg.	Shoe J	oint		Cement Am			24 60/40 4	166el	
Meas Line	Displac	e		1gt	FIG :	Scal			
	QUIPMENT			Common /	12				
Pumptrk 17 No. Cement	ər	- Bill			Poz. Mix 108				
Bulktrk No. Driver		Nick	<	Gel. 10			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
Bulktrk <b>19</b> No. Driver		COR	4	Calcium					
JOB SER	ICES & REMA	RKS /	/	Hulls					
Remarks:				Salt				8	
Rat Hole 304				Flowseal	25#				
Mouse Hole			Kol-Seal				9. 		
Centralizers				Mud CLR 4	3				
Baskets			CFL-117 or CD110 CAF 38						
D/V or Port Collar				Sand					
2070 5	ON	ne Alexan	-	Handling 280					
	0.01			Mileage					
660 5	ON		an Sina	FLOAT EQUIPMENT					
270 4001			Guide Shoe						
60 20 21		Centralizer							
		Baskets							
		AFU Inserts							
		Float Shoe							
		Latch Down							
		187	Sec. 4	teo to be	1915	1977 - 198 - 1	1 Martin	1.11.11.11.11.11.1	
				Pumptrk Ch	arge <u>]</u>	Jug			
				Mileage 4	3 [	7	965-		
	i,	1		. 1	Ve		Тах	6.	
			Tha	wks		Discount			
X Signature	Cr						Total Charge		

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