KOLAR Document ID: 1676458

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 North / South Line of Section					
City:					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	cord (Su	urface, Conductor & Produc	tion)				
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 #:				ıe:						
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)				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.

Acid & Cement	ĩ
Acid & Cement	<u>A</u>

TREATMENT REPORT

230101	or chics	iii dana :							Acid 2rage M	o	
						Type Treatment:		Type Fluid	Sand Size	Pot	ands of Sand
	2/29/2022		F.O.	No. <u>80091</u>		Bkdown	Bbl./Gal		 	*****	
	Cholla Produ					<u> </u>	Bbl./Gal.				
	& No				ļ		8bi./Gal				
	Ke		Field				Bbl/Gal				
County	Ness Co		State KS			Flush	Bbl./Gal				····
						Treated from	ft	t. to	ft.	No. ft	0
Casing:	Size 5 1/2	Z Type & Wt.		Set at _	ft.		ft	. to	ft.	No. ft.	
Formation:	-		Perf.	to		from	ft	. to	ft.	No. ft.	0
Formation:			Perf	to		Actual Volume of Oil /					Bbl./Gal.
Formation:			Perf.		<u> </u>						
Liner: Siz	e Type 8		Top at ft.		ft.	Pump Trucks. No.	Used: Std.	Sp.		Twin	
			rom			Auxillary Equipment		Trk 355	, 320, 367/	308	
Tubing		2 3/8				Personnel Joe S. Cla	rance M. Curtis	s H			
	Perforated for	rom	fl. to		ft.	Auxiliary Tools					
						Plugging or Sealing Ma	iterials: Type _	Com	mon 3% CC	& 60/40	4%
Open Hole	Size	T.D.	ft. P	.B. to	ft.				Gals.		łb.
				· · · · · · · · · · · · · · · · · · ·							
Company F	lepresentative					Treater		Joe	S.		
TIME	PRES	SURES	Total Fluid Fumped						,		
a.m./p.m.	Tubing	Casing	1 Gait Fithis Pumped				REMARK		,		
9:00				On loca	tion			_			
9:30				At 3615	pump 10	O SKS Commo	on 3% with	#200 Hulls			
11:30						met and no T/		- · · · · · · · · · · · · · · · · · · ·		AW	
12:30				At 3553	Pump 10	O SKS Commo	on 3% with	#200 Hulls			
1:30				At 1650	circulate	hole full with	water and	pump 100	SKS with	#100 F	ulls
2:30						SKS to fill Casi					
			1	surface							р
3:00						nd top off wit	h 10 SKS Ce	ment			
3:45					nplete of		20 0/0 02	,,,,,,,,,			-
				300 00.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- TOCULTOTT					
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