KOLAR Document ID: 1703600

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 -						
				Spot Description:						
Address 1:			I .	Sec Twp S. R East West Feet from North / South Line of Section						
City:	State:	Zip: +		Feet from East / West Line of Section						
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW						
Phone: ()										
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s):	Other: Ga No If not, i List All (If needed attach a	SWD Permit #: as Storage Permit #: swell log attached? Yes [nother sheet) Bottom: T.D.	Lease N Date We The plug	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)						
De	pth to Top:	Bottom: T.D	""	Plugging Commenced: Plugging Completed:						
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:						
Show depth and thickness	ss of all water, oil and gas	formations.								
Oil, Gas or l	Water Records		Casing Record (Su	Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size	Setting Depth	Pulled Out					
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If					
Plugging Contractor Lice	ense #:		_ Name:	ne:						
Address 1: Address				ss 2:						
City:			State:							
Phone: ()										
Name of Party Responsi	ble for Plugging Fees:									
State of	Cou	unty,	, SS.							
	(Print Na	ma)	E	mployee 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.



TREATMENT REPORT

	or octifica	II EIE							Acid Stage	No.			
Date	2/1/2023 t	District GB	F.O.	No. <u>C60759</u>	Type Treatment Bkdown			Type Fluid	Sand Size		Pounds of Sand		
	e & No. PRUESS		KATION		_	BI	bl./Gal.						
						Bi	bl./Gal						
County	Location 22-17-9W Field County ELLSWORTH State KS					Bbl./Gal.							
County	ELLSWONTH		State KS		Flush	Bb	ol./Gal						
Casing:	Size 5 1/2	Type & Wt.	8	Set atft.	Treated from			. to					
Formation	1:		Perf.	to	from			. to	- 58	No. ft.			
Formation: Perf. to Perf. to				Actual Values of Cit (Water to Late 1)									
Formation	1:		Perf.	to	retuur voidine o	TOTT WATER TO	LUBU HUIE	*:			Bbl./Gal.		
	ze Type &	Wt.	Top at ft.	Bottom atft.	Pump Trucks	No Used: St.		20 -		2.0			
	Cemented: Yes	▼ Perforated !	from	ft. toft.	Auxiliary Equipme	ent	u	sp	367	- Twin -			
Tubing:	Size & Wt.		Swung at		Personnel GREC				307				
	Perforated fro		ft. to		Auxiliary Tools								
				THE RESERVE TO SERVE THE PARTY OF THE PARTY			-						
Open Hole	Size	T.D.	ft. P	.B. to ft.	Flugging or Sealing	ng Materials;	Type		Gals		lb.		
								THE RESERVE OF THE PARTY OF THE	Gais		10.		
	Representative		MIKE KEI	SO	Treater			GRE	G C.				
TIME	PRESS	Charles and the second	Total Fluid Pumped			1	REMARKS	5					
a.m./p.m.	Tubing	Casing	-	ONLLOCATION	_								
2:00				ON LOCATION									
			-	DI IA AD EO CIVE OF									
				PUMP 50 SKS CO	MMON 39	% CC @ 1	150'.	WAIT TO T	AG CEM	ENT			
			-	TACCED CENAEN	T @ 1050								
				TAGGED CEMEN	1 @ 1050								
				PUMP 35 SKS @ 900'									
				1. ONI 33 3K3 @ 300									
				CIRCULATE CEMENT FROM 320'. TOOK 100 SKS									
				HOLE STAYED FU	LL								
5:45				JOB COMPLETE									
-				THANK YOU!!!									
	-			THANK TOU!!!									
-					11/11/		-						
_													
-	-												
- 1													