KOLAR Document ID: 1706088

**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:					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 #:  ENHR Permit #: Gas Storage Permit #:					County: Well #: Well #:			
Producing Formation(s): List A	ll (If needed attach another	sheet)		by:(KCC <b>District</b> Agent's Name)				
Depth to Top: Bottom: T.D					Plugging Commenced:			
Depth to	Top: Botto	m: T.D		Plugging Completed:				
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing 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 #:				ə:				
Address 1: Ad				38 2:				
City:				State:		Zip:+		
Phone: ( )								
Name of Party Responsible fo	r Plugging Fees:							
State of			, SS.					
	·				Employee of Operator or	Operator on above described		
(Print Name)				⊑	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.



## TREATMENT REPORT

1.9 Sugar No. 0.7

212	1/2073 -			Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Date 3 21 2023 District F. O. No.				O. No Bkdown Bbl. /Gal Bbl. /Gal
				the safety of th
County KE	10 Count	7	State KAI	NSAS Flush Bbl. /Gal.
	6			Treated fromft. to
Cusing: Size	42	Type & Wt		Set atft, fromft, toft, No. ft
Formation:	v		Perf	toft. No. ft
Formation: Perf. to Liner: Size Type & Wt. Top at ft. Bottom at ft.				Actual Volume of Oil /Water to Load Hole:
Ceme	ented: Yes/No	. Perforated fro	om	
Tubing: Size &	Wt. Z	3	Swung at	550 ft. Packer: Set at f
Perf	orated from		ft. to	ft. Auxiliary Tools
				Plugging or Sealing Materials: Type 35 SACKS Cornmon
Onen Hole Size		т.р	ft. P.	B. to
				6/ HOU!
Company R	envecentatio			Treater
		SURES		
TIME a.m/p.m.	Tubing	Casing	Total Fluid Pumped	REMARKS
			2-2	
11:359	1			PIGUP PUMP TROCK + TIE ONTO TUBING & 550
11:40a	50*		8 BBL	START WATER TO TRY TO LATCH, START CEMENT DOWN HOLE
11:429	100#		12.5882	PUMP 35 SX CEMENT, BROKE CIRCULATION UNTIL CEMENT TO SURFACE
11:500			8	PULL TUBING OUT
12:050			6	TOP OFF WELL WITH REMAINING CEMERIT + WASH UP
12:150			8	PLUG OUT
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