KOLAR Document ID: 1681599

**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				
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)		OG D&A Cathodi		County: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)					
Producing Formation(s): List A	II (If needed attach another	sheet)		by:		(KCC <b>District</b> Agent's Name)			
Depth to	Top: Botto	m: T.D		Plugging Commenced:					
Depth to	•	m: T.D		Plugging Completed:					
Depth to	Top: Botto	m:T.D			y				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Casing Record (Surfa			ırface, 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 #:									
Address 1:			Address 2:	:					
City:			;	State:		Zip:+			
Phone: ( )									
Name of Party Responsible for	r Plugging Fees:								
State of	County, _			, ss.					
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed			
(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

Acid Stage No. PUT

					Type Treatment: Amt.	Type Fluid Sand Siz	te l'ounds of Sand				
Date 1-18-23 District B-ROW F. O. No.					BkdownBbl./Gal						
Company Rossla Well segvire											
Well Name & No. Sizence 1B											
Location Field Field											
2.4			2		FlushBbl. /Gal						
Country Mining and	0				Treated from						
Casing: Size	45	Type & Wt		Set at	fromft. to						
Formation: Perf. to Perf. to											
					Actual Volume of Oil/Water to Load Ho	. dt	Bbl)/Gal.				
Formation: Perf. to Liner: Size Type & Wt. Top at ft. Bottom at ft.					Pump Trucks. No. Used: Std. 323	y.,	President of the second				
				ft. toft.	0 11 0 = -						
				55' n.	Packer:						
				ft.	Auxiliary Tools						
Peri	orated from				Plugging or Sealing Materials: Type. 35	300 Con 14	0 CO-40 Poz				
			4. 1.			Box CC Gala.					
Onen Hole Size		т.р		B. toft.	300 HH	Ciala.	lb.				
					Treater Jun M						
Company R		e			_ I reater						
a.m /p.m.	Tubing	Casing	Total Fluid Pumped		REMARKS						
-				0.1	2 FOR A D-						
8:30				ON HOCK	Pur 15H Ky ap	VAI O.					
1	T va			Rangu	100 1 VE 4 1884 43	200 KUN-	tirty				
144			3	15 48 220	tinon mix3	Bus Cin G	REM				
:			0	Store Wat	in to look, well	3					
			SHEBL	Fill mp 4	4 pooks CIRC	A 1					
:			0	Steat M		4 go down 1	rde.				
:			4 BBL	Stop addi	35# Hulls to Slyc		1				
:			6884	35 sache Ce	Its awys Stept + In	12M 4 Mash as	down roke				
:			10,3 881	bet lames	tall lost way out	U					
9:45				tall + lay	Divin to to	τ	_				
			No.	3	6000	0 11	000				
10:45		1-1		Ten 5047	compet 305 Brent	of care hear	tel 325				
:				Swedye m	to 42	0					
11:30			0	Stapp Wigh	ter to Joand.						
:			3 BBL	Beenh Cree	20~85/8	T 1 1 3 1 1 0 P					
:			0	Stret m	1xy go down hole	60-40-45 fc	7_				
:			0.00	9day 190	# Hulls to slyery						
15:00			HOBBL	140 Sloke	toz away good cime	2 m celler					
		-		gu descell	Reich up helt hoce	35					
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		3		12:00 M	n Ont	The Name of the Control of the Contr					
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