## KOLAR Document ID: 1713390

**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 #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed?	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

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,	, \$\$.
(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

QUALITY	Federal Tax I.D.#	<b>CEMENTING</b> , 20-2886107	INC.
Phone 785-483-1071 Cell 785-324-1041	Home Office P.O. Box 32	Russell, KS 67665	No. Orspen

0011 100 02-1 10-11								
	Sec.	Twp.	Range	0	County	State	On Location	Finish
Date 5/11/23	19	15	12		ssell	Kansas		1:00pm
					on Russe	11 9 5 8 E	145 Eint	0
Lease Herbel	8		Well No. 2	- iotsia	Owner		an film and	
Contractor				107 A.		ilwell Cementing, Inc.		t and furnish
Type Job Dlug			be e e		You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed			
Hole Size		T.D.			Charge To	MGOI		
Csg. 5 1/2		Depth		ie.	Street			
Tbg. Size 2 1/8		Depth	2900'		City		State	
Tool		Depth	a let alcut			s done to satisfaction a	nd supervision of owner	agent or contractor.
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Bulktrk 21 No. Driver	De	Ng			Gel.			
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Mouse Hole	r.			The State	Kol-Seal			N. Contraction
Centralizers			- minges		Mud CLR 48			
Baskets					CFL-117 or 0	CD110 CAF 38		
D/V or Port Collar		-	Sents.		Sand	a second the second		
2900'- Mixed	150	sks	200 # Hu	115	Handling	States and states	Service of the	-
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