KOLAR Document ID: 1717836

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 Feet from North / South Line of Section Feet from East / West Line of Section				
Address 2: State: Zip: +								
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)				(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	g 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 #:								
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)				E	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.



FIELD ORDER Nº C 48119

BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225

		3:	16-524-1225	DATE Merch	10	
		\circ		DATE Werek	12	20_25_
IS AUTHOR	ZED BY:	Bear Pet	(NAME OF CUSTOMER)			
Address			Dity		State	
To Treat Wel As Follows:	Lease	ري.	Vell No.	Customer (Order No	
Sec. Twp. Range			County Kinning		_ State 🔾	
not to be held implied, and no treatment is pa our invoicing do The unders	liable for any da o representations yable. There wi epartment in acc igned represents	consideration hereof it is agreed that Copela mage that may accrue in connection with sa have been relied on, as to what may be the I be no discount allowed subsequent to such ordance with latest published price schedule himself to be duly authorized to sign this or	id service or treatment. Co results or effect of the se date. 6% interest will be es.	opeland Acid Service has rvicing or treating said we charged after 60 days. To	made no repres	entation, expressed ation of said service
	UST BE SIGNED IS COMMENCED) Wall O		Ву		
	T	Well Owner or Op	perator		Agent	
CODE	QUANTITY	[DESCRIPTION		UNIT COST	AMOUNT
	1	Pung chy for p	det ad			DB 200
	3150	L. Commer Come	110 Pal			5271, 35
	18	Clear CHarle	0.110	200/100		AEN ==
	JE8#6	4.118 57411	belies 1	2 100		142000
		Hails 201 Ab	1	7		100
	11000	on I way bush sork	with			676
			ı			
	3153	Bulk Charge 39 Sade.				393/25
	171733	Bulk Truck Miles	rile			1883 12
		Process License Fee on		allons		
			2	TOTAL BILLING		
manner	hat the abovunder the dire	e material has been accepted and usection, supervision and control of the	used; that the above se owner, operator or	service was performe his agent, whose sig	ed in a good a	and workmanlike ars below.
Clation	D.	() ()		Well Owner, Operato	or or Agent	
Remarks	Thy	00:2 N	ET 30 DAYS		······································	



TREATMENT REPORT

Arid Stare No. P.

					Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand	
Day 2/13	. Ja Dia	Elet Bing	p.0	No	Bkdown	• •				
Company Seria Fet				Bbl./Gai.						
Well Nume &	No. MOG			***************************************		Bbl./Gal				
Location			Pield			Bbl. /Gal				
County	- Suns	······	State		l .	Bbl./Cal				
					Treated from					
Casing: Size				Bet atft.		ft.				
				to		t.	to	ft. No. 1	't	
				to	Actual Volume of 6	Dil/Water to Load	Hole:		Bbl. /Gal.	
					Pump Trucks. No.	30	<u> </u>	_		
				Bottom atft.	Pump Trucks. No. Auxiliary Equipme	Q 16 3	sp			
				rt. toft.	Auxiliary Equipme					
				ft.	1					
Per	forated from		ft. to	<u> </u>	Auxiliary Tools Plugging or Scaling	- 11	215301	- C2.	-	
				_	Back C	R WRIGHTHIN: TAbe.				
then Hole Siz	se	T.D		i, toft.	1000	100	11411			
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i. , XI				
Company	Representative		T		Treater			-		
TIME	Tubing	Casing	Total Fluid Pumped			REMARK	. 8			
(a.m)/p.m.	1 doing			M 1	C 25 0	wa min	3 p. 5 C	C 129BE	St. W50.	
7:15				<u> </u>	36 KM	1 1 L	2	+0 Close		
<u> </u>	1.3		1000	July AXX	0 71 63	Z Now	THE WATER	W CYACA	1	
	100		1000	Extra bio	COLOR HARD	B- 100	est mixe	dans	-1	
:			1 UESES	- Justin To	CC CONTRACT	340 3W	ST IIIA	CARGO N	<u> </u>	
			1088	117	SIGER O	um uxd	-14 · A213	- lad	LI DON SWY	
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10.13	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		 	37775	Toro tol	District	200	James James	4350	
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			194 BAI	HERDE 3	Stor Sygn	יסווסי	et 1211 c)[4		
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:			8	ナドゥッか	Janet W	34~				
:			10881	Probe CIE	co. 81/2		. ^			
:			0	Stept mb	I codo	is hole	add 185	Lule	at Stock	
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