KOLAR Document ID: 1715650

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:	
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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: 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:	_ 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

IKS Oilfield Service

TICKET NUMBER

FOREMAN ST

0924

LOCATION _____

e Phone (785) 639-3949.

Email: franksoilfield@yahoo.com

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY		
4-28-22									
CÚSTOMER	1			, r					
Costle Respices				TRUCK #	DRIVER	TRUCK #	DRIVER		
MAILING ADDRESS				4	55				
					103	Chris			
CITY		STATE	ZIP CODE] [2			
JOB TYPE	OHP	HOLE SIZE				_ CASING SIZE & W	EIGHT 4 12 "		
CASING DEPTH	l	DRILL PIPE		TUBING			OTHER		
SLURRY WEIGH	IT	SLURRY VOL	SLURRY VOL WATER gal/sk			CEMENT LEFT in CASING			
DISPLACEMEN	Т	DISPLACEMEN	IT PSI	MIX PSI		RATE			
REMARKS:						-			
	Safety	nneethaa	Set up- 1	Guered as	ordered	L			
			300 # Hulls						
			IN 4 Hulls						
			reveded						
		تعالا معروم من المتحد التي التي و							
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ACCOUNT CODE	QUANTITY or UNITS	DESCR	IPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
PC00!	1	PUMP CHARGE	SHP		\$950°D	\$95000
m001	95	MILEAGE			\$1.50	441750
MOOR	11.458	TMO	-	9	1.631 62	+1.131 42
CEOID	2sp sales	100/45%	Y& gell		\$1735	\$433750
CPOID	400 =	C5-#	,		\$100	\$4000
					sub total	\$7.931,62
					5% disc.	\$7,931,62. \$.391,83
				/	seb total	17,539-19
AND DESCRIPTION OF A DESCRIPTION OF						,
					1	
			-			
					SALES TAX	360.05
					ESTIMATED TOTAL	7899.85
AUTHORIZATIO	N	TIT	LE		DATE	

AUTHORIZATION_

TITLE

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.