KOLAR Document ID: 1723279

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 De	scription:				
Address 1:			.		Sec Tw	p 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 SWD Permit #:		,		 			
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:					
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)			
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)			
Depth to	Top: Botto	m: T.D		Plugging	a 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 Record (Surface, Conductor & Production)			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 #: I				ə:					
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.



785-953-0222

TICKET NUMI	BER,	27	6	0	K-C
LOCATION _	- AU3	o Ve	«^1	Ľ	15
FOREMAN	Wat	1	Des	E	2

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	\A/#=1 1 1	NIABAC O NILINAS		0500000	1	1	
7-18-23		OMER# WELL NAME & NUMBER Stackel/ Derney#7			SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER.	<u> </u>	170ck	Lef De			143	324	160gran
1 1	SIMONS!	10-10)	Návaho	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	2		?	2€	103	Caro D	17,000	DRIVER
				2/25	801-357		<u> </u>	
CITY		STATE	ZIP CODE	1/2 W	001-571	Jan 5		
				12 100				
JOB TYPE	2 <i>4P</i> H	OLE SIZE	1/25	_HOLE DEPTH		CASING SIZE & \	VEIGHT	11/21
CASING DEPTH	D	RILL PIPE		TUBING 2	30 "		OTHER	
SLURRY WEIGH	T <u>-/3,5</u> s	SLURRY VOL				CEMENT LEFT IN		
DISPLACEMENT	·='	ISPLACEMENT		MIX PSI		RATE	CASING	
REMARKS: 5	EX. 11/2041		11 5° 200		Hookun.	to Toloris	0 700:	
MIXON	· 	Pames 1	3/300		Displace	TO TOTAL	2 3793	
2000	f	125 513				-1-4 13WC 11	30	ے
1300	. 111/Y 95		1215-1 CI)			15250	D BBL HO	
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- 1.1 Km g1322		ZECKLIB, P		225662 52		······································		· · · · · · · · · · · · · · · · · · ·
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ACCOUNT	QUANTITY (or UNITS	, ne		#### SERVICES or PRO	DUCT	LINET DOLOT	
CODE			92	OCIVIE LION OF	SERVICES OF FRO	DD0C1	UNIT PRICE	TOTAL
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							SALES TAX	
	115	1 1	· · · · · · · · · · · · · · · · · · ·				ESTIMATED TOTAL	
UTHORIZATION	(11)	ANA)		TITLE			DATE	<u> </u>

I acknowledge that the payments 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.