KOLAR Document ID: 1725845

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



TREATMENT REPORT

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Acid Stage No.

	_1			Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Date 8/15/2023 District. F. O. No.			F .	O. NoBkdownBbl./Gal.
COMPANY RESSLER WELL SERVICE				
Well Nume & No. SCHRAG 1-C				
County HA	FRVEY LALI	NTY.	State K	5
	, La			Treated fromft. toft. No. ft.
Casing: Size	42	Type & Wt		
Formation :				
Formation :			Perf	
Formation :				Actual Volume of Oll/Water to Load Hole:
Liner: Size		Top atf	t. Bottom at	
Cen	nented: Yes/No	. Perforated fr	om	It. to
Tubing: Size	& Wt		Swung at	
Per	forated from		ft. to	ft. Auxiliary Tools
				Plugging or Sealing Materials: Type 200 Sx Common CEMENT
Onen Hole Siz	se			B. to
Company 1	Representativ	ve		Treater
TIME	sector descent statements and statements	SURES	Total Fluid	
a.m /p.m.	Tubing	Casing	Pumped	REMARKS
2:45	1			ADL, JGA, PULLED + TIE ONTO CASING SWEDGE
2:5B		10500	25 BR2	TRY TO BREAK CIRCULATION OUT OF SURFACE PIPE 33/4 BPM
		0300	62 DBC	@ 6504, CAUGHT @ 2 BBL ISID- 400 # + HELD
3:30		500#	48 882	STAT IT OF AMERICA STATE STATE STATES
::		200-	TUBBL	START 170 SX COMMON CEMENT SLURRY 34 BPM @ 500# SHUT IN + WASH UP 151P-300#
4:25		500	9 BB2	
		224	PUL	PUN IN POLY BOUN SIEFACE PIPE + START 305× COMMON LEMENT
5:00				SLURPY UNTIL GOOD CEMENT TO SURFACE I BPM & JOH WASH UP, TEAR DOWN + L.L.
				WASH UT, IEAE DOWN & LICI
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