# KOLAR Document ID: 1729855

**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,	, ss.
(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

4

Acid Stage No. .....

Date 9/12/2023 District. F. O. No. Company HOWELL ON CO. Well Name & No. PIZINGER & 9 Location Field County HARVEY CALINTY State KS Casing: Size 52 Type & Wt. Set at ft. Pormation Perf. to					-
				Actual Volume of Oil/Water to Load Hole:Bb	I. /Gal.
				to	The supervised in the local division of the
				tt. Bottom at	•••••
Tubing: Size &	w, 27/8	Perforated II	Swung at	ft. Packer: Set at.	
				ft. Auxiliary Tools	
	Section .			Plugging or Sealing Materials: Type 290 St. Cammon CEMEN	T
Onen Hole Size	e	T.D		B. 10	lb.
				x MI	
	lepresentativ	e	1	Treater_AT_//	
a.m /p.m.	Tubing	Casing	Total Fluid Pumped	R E M A R K S	
12:55				ANC, JSA, RIG UP & THE ONTO TUBING, MIX CALCIUM	
1:12	Ø		2 882	PUMPZ BBL NATER TO MAKE SURE TUBING IS CLEAR	
1:20	504		12 BBL	START 50 SK COMMON CEMENT SWERY W/ 373 C.C. 32 BPM	1
:				@ 50 & FROKE CIRC. @ IBBL, 131P- D. PULL TUBING	
2:03	504		92 BBL	START COMMON CEMENT SLURRY 43/4 BPM @ 50# UNTIL GOOD	
:				LEMENT TO SURFACE + FILL CELLAR > 240 SX	
37:50				WASH UP, TEAR Down, L.L.	
•					
:					
:					
:				IN DW	
:				putaout 2:45 pm	
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