KOLAR Document ID: 1736755

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 #	:		APIN	No. 15				
Name:				Spot Description:				
Address 1:				Sec				
				Feet fron				
		:		Feet from East / West Line of Section				
		·		Footages Calculated from Nearest Outside Section Corner:				
Phone: ()				□ NE □ NW	SE SW			
Water Supply Well ENHR Permit #: Is ACO-1 filed? Ye Producing Formation(s)	Other: G s No If not, : List All (If needed attach a	as Storage Permit #: is well log attached? Yes	Leasi Date The p	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:				
	epth to Top:	Bottom: T.D	Plugg					
	epth to Top:	Bottom: T.D	Plugg	Plugging Completed:				
De	epth to Top:	Bottom:T.D						
Show depth and thickne	ess of all water, oil and gas	s formations						
·	Water Records	- I	Casing Record	Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
· omaton	Comon	- Cuomig	0.20	Johnning 2 op in	. 4.154 541			
		cter of same depth placed from	•		ods used in introducing it into the hole. If			
Plugging Contractor License #: Name:								
Address 1:			Address 2:					
City:			State	:				
Phone: ()								
Name of Party Respons	sible for Plugging Fees:							
State of	Co	unty,	, ss.					
		,		Employee of Operator a	r Operator on above-described well,			
	(Print Na			Employee of Operator o	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.

POST OFFICE BOX 438 HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

> INVOICE NUMBER: C48156-IN

(620) 463-5161 AX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

LEASE: LINDBLAD #2

BILL TO:

CASEBEER, INC. PO BOX 842 MCPHERSON, KS 67460-0842

real a tracks	7 TEST 1985 - 17 (5)	CAL FORMAN	ORDER DATE	PURCHASE ORDER LINDBLAD #2		SPECIAL INSTRUCTIONS		
ATE	ORDER	SALESMAN	06/02/2023			NET 30		
6/08/2023	48156	ITEM NO /D	ESCRIPTION		D/C	PRICE	EXTENSION	
QUANTITY	U/M	ITEM NO./D	ESCRIPTION				480.00	
80.00	MI	MILEAGE CEME	ENT PUMP TRUCK		0.00	6.00		
1.00	EA	PUMP TRUCK F	OR PLUG JOB		0.00	700.00	700.00	
160.00	SK	COMMON CEM	ENT		0.00	16.75	2,680.00	
	EA	BULK CHARGE			0.00	1.25	200.00	
160.00 601.60	MI	BULK TRUCK -			0.00	1.10	661.76	
	es se a	Charles & 12						
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COB FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: SALCO Sales Tax: Invoice Total:		4,721.76 377.74 5,099.5		
RECEIVED BY	(NET 30 DAYS					

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas