KOLAR Document ID: 1738317

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 #: Gas Storage Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: Gas Storage Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	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

Acid & Cement

TREATMENT REPORT

								Acid Stage No.	
Date	8/25/2023 y LB EXPLORA	District GB	F.O	No. C60902	Type Treatment: Bkdown	Amt. Bbl./Gal.	Type Fluid	Sand Size	Pounds of Sand
	and the second se	HASKA RATHE				Bbl./Gal.			
			and the second			Bbl./Gal.			
Location 9-16-18W Field County ELLSWORTH State KS									
			State KS		Flush	Bbl./Gal.			
Casing:	Size 11/	7			Treated from		ft. to	ft. No.	ft0
Formation	5120 4 1/	Type & vvt.		Set atft.	from		ft. to		ft. 0
				to	from		ft. to	ft. No.	ft. 0
Formation				to	Actual Volume of Oil /	Water to Load H	ole:		Bbl./Gal.
Formation	and the second sec		Perf.	to					
Liner: Si	izeType &	Wt	Top atft	Bottom atft.	Pump Trucks. No. I	Used: Std.	365 Sp.	Tw	in
	163	+ renorated i		π. to ft.	Auxiliary Equipment			327	
rubing.	Perforated fi		Swung at		Personnel GREG CU	RTIS			
	Fenorated in		ft. to	ft.	Auxiliary Tools				
0	C				Plugging or Sealing Mat	terials: Type	60/40 POZ 4%	GEL 1/4# PER S	ACK CELLOFLAKE
Open Hole	Size	T.D.	ft. F	P.B. toft.				Gals.	Ib.
No.									
	Representative		MICHAEL PE	TERMAN	Treater		GREG	G C.	
TIME		SURES	Total Fluid Pumped			REMAR	KS		
a.m./p.m.	Tubing	Casing				KEWIAN			
10:30				ON LOCATION					
				PUMP 35 SKS @					
				PUMP 35 SKS @					
				PUMP 35 SKS @	600'				
				PUMP 35 SKS @	272'				
				PUMP 20 SKS @	60'				
				PLUG RH WITH 30 SKS					
				PLUG MH WITH	20 SKS				
3:15				JOB COMPLETE					
				THANK YOU!!!					