KOLAR Document ID: 1772601

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 T	wp S. R East West				
Address 2:				Feet from					
City:	State:	Zip: +		Feet from	East / West Line of Section				
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()				NE NW	SE SW				
ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s): List A	Other: Gas Sto No If not, is well	SWD Permit #: rage Permit #: log attached? Yes sheet)	Lease N Date We The plue	County: Lease Name: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:					
Depth to		m: T.D	Pluggin						
Depth to	•	m: T.D	I Pluaain	g Completed:					
Depth to	Top: Botto	m:T.D							
Show depth and thickness of a	all water, oil and gas forma	ations.	 						
Oil, Gas or Water	Records		Casing Record (St	sing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
					+				
Describe in detail the manner cement or other plugs were us		_			ods used in introducing it into the hole. If				
Plugging Contractor License #		Name:	me:						
Address 1:			Address 2:						
City:			State:						
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _		, ss.						
	(Drint Mana)		L	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.



TREATMENT REPORT

	& Cemer	IL K						Acid Stage N	0.	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pou	nds of Sand
Date	/26/2024 0	District GB	F.O. 1	io. C60990	Bkdown	Bbl./Gal.				
	BRUCE OIL					Bbl./Gal.				
Well Nam	e & No. RIORDA	N #4 SWD				Bbl./Gal.				
Location	.6-	15S-1E	Field				***************************************			
County	DICKINSON		State KS		Flush	Bbl./Gal.				
					Treated from		ft. to	ft.	No. ft.	0
Casing:				Set atft.					No. ft.	0
Formation			Perf.	to	from		ft. to		No. ft.	0
Formation	1:		Perf.	to	Actual Volume of Oil					Bbl./Gal.
Formation				to						
	ize Type 8	Wt	Top at ft.	Bottom at ft.	Pump Trucks. No	. Used: Std.	320 Sp.		Twin	
					Auxiliary Equipment			327		
					Personnel GREG Cl					
	Perforated f	rom	ft. to	ft,	Auxiliary Tools					
					Plugging or Sealing M	aterials: Type		COMIV	ION	
Open Holi	Size	T.D	ft. P.	8. toft.		8		Gals		lb.
Company	Representative		BUD DA	VIS	Treater		GF	REG C.		
TIME	PRES	SURES	Total Fluid Pumped							
a.m./p.m	Tubing	Casing	Total Fidio Funipeo			REMA	RKS			
9:45				ON LOCATION						
				CIRCULATE CEM	ENT FROM 2	75', TOOK	50 SKS FOI	R THE 4 1/	ONV IIC	
									Z ANU	
				40 SKS FOR THE	8 5/8"			V 111L 4 1/	Z AND	
				40 SKS FOR THE	8 5/8"			() () () () () () () ()	Z AND	
12:45				40 SKS FOR THE	8 5/8"			(11 L 4 L)	Z AND	
12:45				40 SKS FOR THE JOB COMPLETE	8 5/8"			· · · · · · · · · · · · · · · · · · ·	ZAND	
12:45				JOB COMPLETE	8 5/8"			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 AND	
12:45				40 SKS FOR THE	8 5/8"			V III. 4 1/	Z AND	
12:45				JOB COMPLETE	8 5/8"			V III. 4 1/	2 AND	
12:45				JOB COMPLETE	8 5/8"			V III. 7 1/	2 AND	
12:45				JOB COMPLETE	8 5/8"			V III. 7 1/	2 AND	
12:45				JOB COMPLETE	8 5/8"			V III. 7 1/	2 AND	
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