KOLAR Document ID: 1773772

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 Feet from East / West Line of Section			
City:							
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				NE NW SE SW County: Well #:			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:							
ENHR Permit #:				Date Well Completed:			
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) Plugging Commenced:			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to Top: Bottom: T.D					g completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Re	Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If	
Plugging Contractor License #: N				×			
Address 1: Addre				s 2:			
City:			;	State:		Zip:+	
Phone: ()							
Name of Party Responsible fo	r Plugging Fees:						
State of	County, _			, SS.			
	•				Employee of Operator or	Operator on above described	
(Print Name)				⊑	imployee 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

Acid Stage No. Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand 4/9/2024 District F. O. No. Bkdown.....Bbl. /Gal. Company KANTOR OILBbl. /Gal. Well Name & No. FROESE B-ZBbl./Gal.Bbi. /Gal. County HARVEY COUNTY State KS FlushBbl. /Gal. Cusing: Size 52 Type & Wt. Set at ft. Formation: Perf. to Formation: Perf. to. Actual Volume of Oil/Water to Load Hole: Formation: Perf. to Pump Trucks. No. Used: Std. #323 Sp. Twin Auxiliary Equipment Buck CEMEAN \$ 327 Tubing: Size & Wt. Z 3/8 " Swung at. Plugging or Sealing Materials: Type 275% Common CEMENT 35xx Boston Fluer 39, C.C. Gala. 10. T.D.ft. P.B. to..... Treater Company Representative PRESSURES TIME Total Fluid Pumped REMARKS a.m /p.m. 3:00 AOL JSA, PIG UP, THE ONTO THISING + MIX C.C. (THEING & 550) STREY COMMON CEMENT SLUKRY 32, C.C. 35 5x PLUG, BROLLE CIRCULATION 3:28 IMMEDIATELY 2 BPMC OR, ISID-VAC, WAIT I HIR + TAG W/SANDLINE DUED RUN TUBING TO 400' + TIE ONTO IT 4:45 BREAK GIZCULATION, BROKE IMMEDIATELY 58 34 38 4:410 START COMMON CEMENT SURRY UNTIL GOOD CEMENT A SURFACE 1004 FIRST 33 BBL 22 BAMP DE NET & BBL ZZ BAME 504 (AST 173/4 BBL 22 BAME 100# ISIP- O, DULL TUBING + TOP OFF, STANDING FULL WHEN LEAVING 6:00 WASH UP TEAR DOWN, UL.