KOLAR Document ID: 1789893

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 Wes							
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 #:					County: Well #:					
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:						
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)						
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)				
Depth to	Top: Botto	m: T.D		Plugging Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Completed:						
Depth to	Top: Botto	m:T.D	'	. ragging	g completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records		Casing Re	sing 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 #:				ne:						
Address 1:			Address 2:	:						
City:			\$	State:		Zip:+				
Phone: ()										
Name of Party Responsible for	r Plugging Fees:									
State of	County, _			, ss.						
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed				
			E	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

								Acio Stage No			
Date 7/15/2024 District GB F.O. No. 50755				Type Treatment: Bkdown		Type Fluid	Sand Size	Po:	unds of Sand		
Company Griffin Management Well Name & No. Fisher A1 Location Field					I						
					┥						
					1	Bbl./Gal.					
County Kiowa State KS					Flush	Bbl./Gal.					
					Treated from		ft. to		No. ft.	0	
Casing:	Size 5 1/2	" Type & Wt.		Set at ft	1		ft. to		No. ft.		
Formation					from	······································	ft. to		No. ft		
Formation	Formation: Perf. to				Actual Volume of Oil / Water to Load Hole: Bbl./Gal.						
Formation	:		Perf.							551.7 651.	
Liner: Si	ze Type &				. Pump Trucks. No	Lised: Std	365 50		Turin		
(emented: Yes	Perforated fr	om	ft. to ft	. Auxiliary Equipment		<u> эоэ </u> эр	317	Twin		
			. Personnel Nathan					v			
	Perforated fr	om	ft. to		. Auxiliary Tools						
					Plugging or Sealing M	faterials: Type					
Open Hole	Size	T.D	ft. P.	B. toft		,		Gals.		lb.	
Company	Representative		Richard	М.	Treater		Natha	en W.			
TIME	PRESS	SURES				·					
a.m./p.m.	Tubing	Casing	Total Fluid Pumped								
8:30				On Location.							
							,				
						·					
				Mix 10gel and 5	Osks 60/40pc	77 4% Gel a	at 1050'				
				20861 0110	, , , , , , , , , , , , , , , , , , ,	770 0010					
				Mix 50sks at 55	n'						
				IVIIX SOSKS at SS	<u> </u>		-				
				Mix 30sks at 40	' Circulated o	coment to	curface				
				1VIIX 303K3 at 40	Circulated	ement to	Surrace.				
							-			, 	
			· · · · · · · · · · · · · · · · · · ·			 ·					
ļ				Thank You				- 			
				THOMK TOO				- <u></u>			
				Nathan W.							
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