KOLAR Document ID: 1806710

**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)		OG D&A Cathodi SWD Permit #:		County: Well #:  Date Well Completed: The plugging proposal was approved on: (Date)							
ENHR Permit #:	Gas Sto	rage Permit #:									
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes									
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC <b>District</b> 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	'	i iuggiiis	g completed.						
Show depth and thickness of a	all water, oil and gas forma	ations.									
Oil, Gas or Water	Oil, Gas or Water Records				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 #:				ə:							
Address 1: Add					38 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					
			⊑	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.



## FIELD Nº C 48449

BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225

					DATE_	91	5	20 24
IS ALITHORI	ZED BV:	ARDC	INC.					
			(NAME OF C				Stato	
			City				State	
To Treat Well As Follows: I	ease	HUDSON	Well No.	9-17	·	Customer	Order No	
Sec. Twp. Range 9-175-3W			County _	MCAHERSON	N Co.	WTY	State	ks
not to be held li implied, and no treatment is pay our invoicing de	able for any dan representations able. There will partment in acc	consideration hereof it is agreed that Copinage that may accrue in connection with have been relied on, as to what may be be no discount allowed subsequent to so ordance with latest published price scheen himself to be duly authorized to sign this	said service the results o uch date. 6% dules.	or treatment. Co or effect of the ser 6 interest will be c	vicing or charged a	treating said w	ell. The consid	leration of said service o
THIS ORDER MU BEFORE WORK		Well Owner or	Operator		Ву		Agen	t
				PTION			UNIT	AMOUNT
CODE	QUANTITI						700.00	700.00
	12	Pump CHARGE FOR Pruc					17.50	730.
	130 SACUS COMMON CEMENT						6.00	288.00
	48	MILEAGE FUEL CHARGE P	imp Tie	uell				
	**							
						D.		
					- of the			
			×.					
	1304	Bulk Charge @ 1. 25						162,50
		Bulk Truck Miles @1.10						322.61
	40 MILES	Process License Fee or	<u> </u>	(-	allons			
		1 100033 21001100 1 00 0.				BILLING		
Loortify	hat the abov	e material has been accepted an	d used: th	nat the above s	service	was perform	ned in a goo	d and workmanlike
manner	under the dire	ection, supervision and control o	f the owne	er, operator or	his age	ent, whose s	ignature app	pears below.
Station_	Bu	weron, les			1 A	/ell Owner, Oper	ator or Agent	^
Remarks	PILLA	TOB W 1305x Comm	ON CEM	ENT	V	on Owner, Oper	ator or Agent	
Homains			NET 30	DAYS				
:								