KOLAR Document ID: 1805632

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 #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: If not, is well log attached? Yes No	County: Well #: Lease Name: Well #: Date Well Completed: 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. Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.	Plugging Commenced:

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:	Name:			
Address 1:		Address 2	2:		
City:			State:	Zip:	+
Phone: ()					
Name of Party Responsible for Pluge	ging Fees:				
State of	County,		_ , SS.		
	(Print Name)		Employee of Op	erator or 🗌 Operator on abo	ve-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



TREATMENT REPORT

Acid Stage No.

	1			Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand				
				0. NoBkdown				
Company KANTOR OIL Well Name & No. GOERING A-Z								
Location Field County REALO COUNTY State US		Field.						
County RE	NO COUNTY	1	State					
	11-54			Treated fromft. toft. No. ft Set atft. from				
				Actual Volume of Oll /Water to Load Hole: 28				
				tt. Bottom stft. Pump Trucks. No. Used: Std				
				It. to				
Cen	wi. 27/	Periorated in		ft. Packer: Set at ft.				
				ft. Auxiliary Tools				
Fei	Torated Iron			Plugging or Sealing Materials: Type 23054 Common CEMENT				
(hun Hole Si	Le .	T . D.	ft. P.	B. to				
topen note on				AAI A				
Company	Representativ	'e		Treater AAA DERKICH				
TIME	CALL STORE OF THE OWNER	SURES	Total Fluid	REMARKS				
a.m /p.m.	Tubing	Casing	Pumped	R D R A A K O				
10:10				AOL, TSA, 1216 UP + TIEONTO TUBNG				
10:42				STAKT COMMON CEMENT LINITIL GOOD CEMENT & SURFACE				
:				BROKE GROWATION & 28 BBL				
:				FIRST 27 BBL 23/4 BAMC FE				
:				LAST 365 BBL 23H BPM & SOF				
				151P- 50# Put TUBING + TOP OFF				
12:35				TRASH UP, TEAR DOWN, L.L., STANDING FULL WHEN LEANNG				
:		-						
:								
•				Dubout @ 11:05am				
•				function to the				
:								
				TANKS /				
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