## STATE OF KANSAS STATE CORPORATION COMMISSION

Form CP-4

Give All Information Completely
Make Required Affidavit
Mail or Deliver Report to:
Conservation Division
State Corporation Commission
212 No. Market

## WELL PLUGGING RECORD

| 212 No. Market<br>Wichita, Kansas 67202                                      |                                | Ellis   |                                       |                  | Twp. ILS Rge                  |                                 |  |  |  |  |
|--|--------------------------------|---|---------------------------------------|------------------|-------------------------------|---------------------------------|--|--|--|--|
| NORTH  |                                | Location as "NE/CNW%SW%" or footage from lines SE SW SW  Lease Owner Cities Service Oil Company |                                       |                  |                               |                                 |  |  |  |  |
|  |                                | Colahan   |                                       | TT COMPan        |                               | _ Well No                       | 19                                     |  |  |  |
|  |                                |   |                                       | Kansas           | 67665                         |                                 |  |  |  |  |
|  | Character of W                 | Vell (completed   | as Oil, Gas o                         | Dry Hole) _      | 0il                           |                                 |  |  |  |  |
| ! ! !  |                                | pleted  |                                       |                  |                               | 9 <b>-</b> 30<br>1 <b>1-</b> 12 | _19 <u>_40</u><br>_19_71               |  |  |  |
|  |                                | plugging filed_   |                                       |                  |                               | 11-15                           | $\frac{19}{19} \frac{71}{71}$          |  |  |  |
|  |                                | plugging appro-   |                                       |                  |                               | 12-21                           | 19 71                                  |  |  |  |
|  |                                | leted   |                                       |                  |                               | 3-2                             | _ <sub>19</sub> _72                    |  |  |  |
| <u> </u>   |                                | ndonment of we  |                                       |                  | Depleted                      |                                 |  |  |  |  |
| <b>X</b>   |                                |   |                                       |                  |                               | 0-4-5                           | 60                                     |  |  |  |
| <b>0</b> !   |                                | well is abandon   |                                       |                  |                               | October                         | _ <sub>19</sub> _69                    |  |  |  |
| Locate well correctly on above   |                                |   |                                       | ation Division   | or its agents be              | tore plugging                   | was com-                               |  |  |  |
| Section Plat   | sorgiced planaging of th       | is well   | Mr                                    | . Leo Mas        | sey                           |                                 |  |  |  |  |
| Producing formation Arbuck   | le                             | Depth to top 34   | 85 Botton                             | 85 Pen           | · Total Depth of              | well 3570                       | Feet                                   |  |  |  |
| Show depth and thickness of all water  |                                |   |                                       |                  | -                             |                                 |  |  |  |  |
|  |                                |   |                                       |                  |                               | CASING RE                       | CORD                                   |  |  |  |
| OIL, CAS OR WATER RECOR  | אט                             | -   | <del></del>                           |                  |                               | <del></del>                     |  |  |  |  |
| FORMATION  | CONTENT                        | FROM  | TO                                    | SIZE             | 1120Î                         | PULLED                          |  |  |  |  |
|  | <u> </u>                       |   |                                       | 8 5/8"<br>5 1/2" | 3486'                         | None<br>1487                    |  |  |  |  |
|  |                                | 3413  | 3570 <b>'</b>                         | 411              | 157'                          | None                            |  |  |  |  |
|  |                                | 2413  | 3370                                  | <del></del>      | <del> '</del>                 | 1,0110                          |  |  |  |  |
|  |                                |   |                                       |                  |                               |                                 |  |  |  |  |
|  |                                |   |                                       |                  |                               |                                 |  |  |  |  |
|  |                                |   |                                       | <b></b>          |                               |                                 |  |  |  |  |
|  |                                |   |                                       | <u> </u>         |                               |                                 |  |  |  |  |
| out to<br>Hallib   | 360' with 2"<br>urton spotted  | tubing. R<br>95 sx. cem   | an back l<br>ent throu                | igh tubing       | reference out 3 495 to s      | urface.                         | 90.                                    |  |  |  |
|  |                                |   |                                       | 4.6.72           | CURPORATion                   | VED                             |  |  |  |  |
|  |                                |   |                                       |                  | APRE                          | VED<br>I COMMISSION             |  |  |  |  |
|  |                                |   |                                       | CO/              |                               |                                 | L                                      |  |  |  |
|  |                                |   | · · · · · · · · · · · · · · · · · · · |                  | VSERVATION L<br>Wichita, Kans | Dive                            |  |  |  |  |
|  |                                |   |                                       |                  | "Ide Kans                     | ES TON                          |  |  |  |  |
|  |                                |   |                                       |                  |                               |                                 |  |  |  |  |
|  |                                |   |                                       |                  |                               |                                 |  |  |  |  |
|  |                                |   | <del></del>                           | ·····            |                               |                                 |  |  |  |  |
|  |                                |   |                                       | <del> </del>     |                               | ·                               |  |  |  |  |
|  |                                |   |                                       |                  |                               | <del></del>                     | ······································ |  |  |  |
|  |                                | al description is nec   |                                       | K of this sheet) |                               |                                 |  |  |  |  |
|  | Knight Casing<br>Chase, Kansas | Pulling Ce  | o, lic.                               |                  |                               |                                 | <del></del>                            |  |  |  |
| Address  | Chase, Kansas                  |   |                                       |                  |                               |                                 |  |  |  |  |
|  |                                |   | D11                                   |                  |                               |                                 |  |  |  |  |
|  | nsas , co                      |   |                                       |                  | •                             |                                 |  |  |  |  |
| **************************************                                       | Peterman                       |   |                                       |                  | vner of operator              | •                               |  |  |  |  |
| well, being first duly sworn on oath<br>above-described well as filed and th |                                |   |                                       |                  | ters herein conta             | imed and the                    | log or the                             |  |  |  |
| above-described well as med and in   | at the same are due a          | ,   |                                       | 19-              | . —                           |                                 |  |  |  |  |
| COLES F. K. M.   |                                | (Signature) <u></u>   | -XXC                                  | ellerna          |                               | maga 670                        |  |  |  |  |
| Carlo Maria  |                                |   | ]                                     | Box 553 I        | Russell, Ka                   | nsas 6/6                        | 00                                     |  |  |  |
| NOTARIO  | fore me this                   | th day of   | :                                     | April            | (Address)<br>, 19             | 72                              |  |  |  |  |
| SUBSCHUBED AND OWORN TO DE   | fore me this                   | day of  |                                       | April            | , 19.                         | <del></del>                     |  |  |  |  |
| 15 A/10 13   |                                | _   | <del>`</del>                          | pme 3,           | Typu                          | N7-4                            | y Public.                              |  |  |  |
| My commission expires  | 10-5-7                         | 72  | ·                                     |                  |                               | IN OTAT                         | y i uone.                              |  |  |  |
| COUNTY TO  |                                |   |                                       |                  |                               |                                 |  |  |  |  |

**OP 76 REV.** 

## WELL REPAIR RESULTS REPORT (SEND ORIGINAL TO BARTLESVILLE)

| WELL   | Colahan A 19 |  |  |  |  |  |  |  |  |
|--------|--------------|--|--|--|--|--|--|--|--|
| s 24 T | 11 R 17 Blk  |  |  |  |  |  |  |  |  |
| FIELD_ | Bemis        |  |  |  |  |  |  |  |  |
| COUNTY | Ellis        |  |  |  |  |  |  |  |  |
| STATE  | Vancae       |  |  |  |  |  |  |  |  |

|                                       |               |                 |                    |                |                                       |                                       |                                       |  |                  | ST            | ATE                                    | Kansas   | <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |
|---------------------------------------|---------------|-----------------|--------------------|----------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------|---------------|--|--|--|
| Descrip                               | tion of J     | ob              | The                | enen           | in Arbuci                             | kle i                                 | ain 4" T                              | iner a                                 | nd Test          | Lower         | r Arbu                                 | ickle zone   | 2 <b>S</b>                                       |
|                                       |               |                 |                    | -chen          | III ALDUC                             |                                       | un + 1                                | THEL G                                 | na rese          |               |  |  |  |
|                                       |               |                 |                    |                |                                       |                                       |                                       |  |                  |               |  |  |  |
|                                       |               |                 |                    |                | t of Job \$_                          | 19144                                 | 4.00                                  |  | Date J           | ob Com        | oleted_                                | 5/3/69 5/3/69 5/0/00/00/00/00/00/00/00/00/00/00/00/00/ |  |
| Producti                              | ion Incre     | ase Credi       | ted Job            | 2              | BOPD                                  |                                       | · · · · · · · · · · · · · · · · · · · |  | STATE            | PE,           | <del></del>                            |  | ·····  |
| 2                                     |               |                 |                    | 2              | BOPD -                                | Deener                                | ned in A                              | rh.                                    |                  | CURPOR        | ATION                                  | <u> </u>   |  |
| Jperatin                              | ig improv     | rements Ci      | redited            | Job            | . DOLD .                              |                                       |                                       |  | COAL             | <i>₩0</i> ,   | 1 ~                                    | MNICO  | <del></del>                                      |
| Estimate                              | ed Time       | to Pay Ou       | t Job              | Will           | not                                   | <del></del>                           |                                       |  |                  | NOV.          | 5 197                                  | >1   |  |
| 1                                     |               | ,               |                    |                | ,                                     |                                       |                                       | · · · · · · · · · · · · · · · · · · ·  | C <sub>ONS</sub> | RVATIONITA, H | N DIVI                                 | ٥.   | <del></del>                                      |
|                                       |               |                 |                    |                | COMPARA                               | TIVE O                                | PERATING                              | DATA                                   | (5.              |               | ansas."                                | 210 <sup>1</sup> /A                                    |  |
|                                       |               | BEFO            | RE WOR             | :K             |                                       | ,                                     |                                       |  | Al               | TER W         | ORK                                    |  |  |
| )an th                                | 3491          | P               | end End            |                | Arb                                   |                                       | Depth                                 | 3570                                   | ,<br>D.,         | E             |  | Arb.   |  |
| Est. Ave                              | race Mo. (    | Operating C     | rogi or<br>Tost \$ | 292.0          | 0                                     |                                       | Est. Avera                            |  |                  |               |  |  |  |
| st. Aver                              | rage Mo. I    | Net Earning     | ıs \$              | R              |                                       | — ¦                                   | Est. Avera                            | ae Mo. Ne                              | t Earninas       | s I           | K NEC                                  | NIL  |  |
|                                       |               |                 |                    |                |                                       | 1 1                                   |                                       | <del></del>                            | <del></del>      | <del> </del>  | <del></del>                            | 1  | 1  |
|                                       | <del></del>   | AILY PROD       |                    |                | Flow Press                            | 1                                     | •                                     |  | LY PROD          |               |  | Flow Press<br>or Lift                                  | Tost   |
| Date .                                | Oil<br>(Bbls) | Water<br>(Bbls) | 1                  | Hours<br>Oper. | or Lift<br>Method                     | or<br>Est.                            | Date                                  | Oil<br>(Bbls)                          | Water<br>(Bbis)  |               | Hours<br>Oper.                         | Method   | est.   |
| /4/69                                 | 4             | 363             | 0                  | 24             | Lift                                  | Test                                  | 1                                     |  | 534              | 0             | 24                                     | Lift   | Test   |
|                                       |               | ļ               | ļ                  |                |                                       |                                       |                                       |  | ·                | ļ             |  |  |  |
|                                       |               | ļ               | <del></del>        | -              |                                       | <del> </del>                          | <del> </del>                          |  |                  |               | <del> </del>                           |  |  |
|                                       |               |                 |                    |                |                                       |                                       |                                       |  |                  |               |  |  |  |
|                                       |               |                 |                    |                | A                                     | ttache                                | ed                                    |  |                  |               |  |  |  |
|                                       |               |                 |                    |                |                                       | TING D                                | -                                     |  |                  |               |  |  |  |
| IRST ST                               | AGE:          | Treated fro     | m                  |                | to                                    | <del></del>                           | 1                                     | , Mai                                  | terial Used      |               |  |  |  |
|                                       |               |                 |                    |                |                                       |                                       |                                       | ······································ |                  |               | ······································ |  |  |
| reating                               | Summary .     |                 |                    | <del></del>    |                                       |                                       |                                       |  |                  |               |  |  |  |
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|                                       | CT ACE.       | T 1             |                    |                | to _                                  |                                       |                                       |  | Agerial He       | <b>a</b> d    |  |  |  |
| ECOND                                 | STAGE         | i reatea i      | rrom               |                |                                       | ·                                     |                                       |  | indistrict Of    |               |  |  |  |
| reating                               | Summary       |                 |                    |                |                                       |                                       |                                       |  |                  |               | <u> </u>                               |  |  |
|                                       |               | <u> </u>        |                    | ·              | ·                                     |                                       |                                       | ,                                      |                  |               |  |  |  |
| <del></del>                           |               |                 |                    |                | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |                                       |  |                  |               | ·····                                  | <u> </u>   | <del></del>                                      |
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| HIRD S                                | TAGE:         | Treated fro     | m                  |                | to                                    |                                       |                                       | , Ma                                   | terial Used      | J             |  | r  |  |
|                                       |               |                 |                    |                |                                       |                                       |                                       |  |                  |               |  | <u> </u>   |  |
| reating                               | Summary .     |                 | <u></u>            | ·              |                                       | -                                     |                                       |  |                  |               |  | ·  |  |
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|                                       |               |                 |                    |                |                                       |                                       |                                       | <u></u>                                |                  |               |  | •  |  |
|                                       |               |                 |                    |                |                                       |                                       |                                       |  |                  |               |  |  |  |