**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.



## 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

API No. 15 - 101-22212-00-00 OPERATOR: License #: 3842 Larson Engineering, Inc. Spot Description: \_\_\_\_\_ sw - ne - sw - nw Sec. 26 Twp. 19 S. R. 28 ☐ East West 562 West State Road 4 Address 1: Address 2: \_\_\_ State: KS Zip: 67564 + 8 5 6 1 City: Olmitz 965 Feet from East / West Line of Section Contact Person: Thomas Larson Footages Calculated from Nearest Outside Section Corner: Phone: (620 ) 653-7368 NE NW SE SW Type of Well: (Check one) Oil Well Gas Well OG 🗸 D&A Cathodic Water Supply Well Other: SWD Permit #:\_ Lease Name: \_\_\_\_ Shapland 1-26 Well # Gas Storage Permit #: \_\_\_\_ ENHR Permit #: \_\_\_ Date Well Completed: \_\_\_\_ 2/17/2010 Is ACO-1 filed? 

✓ Yes No If not, is well log attached? Yes No The plugging proposal was approved on: 2/17/2010 Producing Formation(s): List All (If needed attach another sheet) by: Richard Lacey (KCC District Agent's Name) \_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_ Plugging Commenced:\_\_\_\_\_ 2/18/2010 \_\_\_\_ T.D. Bottom: \_\_\_ \_\_ Depth to Top: \_\_\_ Plugging Completed:\_\_\_\_\_ 2/18/2010 Bottom: \_\_\_\_\_ T.D. \_\_\_\_ \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Casing Formation Content Size Setting Depth Pulled Out 8-5/8" surface 262' none 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. 50 sx @ 2130', 80 sx @ 1330', 50 sx @ 660', 50 sx @ 300', 20 sx @ 60', 30 sx in RH. Plugged with 280 sx 60-40 poz w/ 4% gel & 1/4#/sk flocele. RECEIVED JUN 0 2 2010 KCC WICHITA Allied Cementing Co., Inc. Plugging Contractor License #: \_\_\_\_\_\_ Name: Address 1: P.O. Box 31 \_\_\_\_\_\_ Address 2: \_ City: Russell Phone: (785 ) 483-2627 Name of Party Responsible for Plugging Fees: Larson Engineering, Inc. KS Barton ss. \_\_ County, \_\_ Employee of Operator or Uperator on above-described well, Carol Larson (Print Name) 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 60d. Secretary/Treasurer Signature: .