KOLAR Document ID: 1526632

**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 Tw	vp S. R East West		
Address 2:					Feet from			
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 <b>District</b> Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging Commenced:				
Depth to	Top: Botto	m: T.D		00 (	•			
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	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 #: N				6				
Address 1:			Address 2:					
City:			;	State:		Zip:+		
Phone: ( )								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, SS.				
	·				Employee of Operator or	Operator on above described		
(Print Name)				⊑	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.

## FRANKS Oilfield Service

♦ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269

♦ Office Phone (785) 639-3949

♦ Email: franksoilfield@yahoo.com

HOKEI NO	IAIREK	0107	
LOCATION	HOXIE	115	
FOREMAN	Mitos	Shen	

**N137** 

		FIE	LD TICKET		MENT REP	ORT		<i>.</i>
DATE	OLIOTOM AED II			CEMEN		<u> </u>		(25
DATE	CUSTOMER#	<del></del>	L NAME & NUMI		SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER		ISh oph	erd 2-		14	10 5	133W	Thomas
Ell Evie	T.I			Ochly KS 100-4 CR 83HW to CRF	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	ŚŚ			83HW Hz	101		THOOK #	DRIVER
				W toce =		Will A	<del> </del>	<del>                                     </del>
CITY		STATE	ZIP CODE	15		<del> </del>	<del> </del>	<del> </del>
				E & Ninle	<u></u>	<del> </del>	<del> </del> -	
JOB TYPE PT	-/4	HOLE SIZE	77/2"	_	47110'	CACING OFF 8 W		
CASING DEPTH	<del></del> '	DRILL PIPE 4	/ / /			CASING SIZE & W	· ·	<del></del>
SLURRY WEIGH	· ^ _	SLURRY VOL _	1.4		<u> </u>	OFMENT LETT :-	OTHER	
DISPLACEMENT		DISPLACEMEN	T DOI				CASING	<del></del>
O		/ ^	upon U	MIX PSI	Radi	RATE		
Lalys S			upon Vi	ew ann	ing Ness A	to fly a	s Old el	20/
- 13/11		1.80' 730'				<del></del>		
2/1		750		2///	1 60/40 4%	11/1/1	<del></del>	<u> </u>
5 Plus 50		601	<del></del> _	270.S	i (00/40 4/	501/8-12	<del></del>	<del></del>
2011115 10	5x 6 40'	Wplug_	<u> </u>		<u> </u>	<del></del>		
3() 34 K	<u> </u>					<del></del>		<u> </u>
	-				<del></del>			·
	· · · · · · · · · · · · · · · · · · ·	<del></del> _	<del></del>		<del></del>	1. 10 m	2/-	<del></del>
		·				bunks M	1125 + (1	16W
ACCOUNT	QUANTITY	or UNITS	DE	SCRIPTION of	SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
PEOS	7		<del>-</del>	_		<del></del>		<u> </u>
1000 / 10	45		PUMP CHARG		<del>-</del>		1500.00	1500,00
MO07	10.68	3 Pons	MILEAGE	2./	<del>/ /·</del>	<del></del>	6,50	242.50
CBOID			Ton M	11/20/20 11	officery		1,50	720.50
FE054	<i></i>	40 Sx	60/40		at flo	<del></del>	16.25	5700.
FE034			874"4	Jowella P	146		165,00	165, 0
	<u> </u>		<del></del>					
	<del>-</del>		<u> </u>			<del></del>		
<del></del>		<del></del>	<b> -</b>		_ <del></del>			
	<u></u>	<del></del>						
							Subbotel	6578.90
		<del></del>				1-055 25%	discount	1644.00
							Sistatal	4933.80
								7.70
							_	
	<u></u>							
						-		
			_ <del>-</del>				SALES TAX	243 90
		0/					ESTIMATED	2177 77
HTUADIZATIAN	////	1/2 6		2.7.	louske	J.	TOTAL	<u> </u>
UTHORIZATION	-alul	an	<u> </u>	TITLE <u>/ 00</u>	pushe	a	DATE 2/6	17020

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.