

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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

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: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (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 God.

Submitted Electronically

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 0199
 LOCATION Hoxie #5
 FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/27/20		Schmitt #3	11	11 S	32 W	Logan
CUSTOMER Blake Exploration		MILING ADDRESS		TRUCK #		DRIVER
CITY		STATE	ZIP CODE	101	Sack T	
				102	Miles S	

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 274' CASING SIZE & WEIGHT 8 5/8" 24#
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 16 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rigs up on Duke drilling R.s #2
Circulate casing mix 180sx 60/40 3% 28 gal displace 16 bbls water
Shut in

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC 002	1	PUMP CHARGE	1150. ⁰⁰	1150. ⁰⁰
M001	15	MILEAGE	6.50	97.50
M003	8.1 TONS	Ton mileage delivery	600. ⁰⁰	600. ⁰⁰
CB014	180 sx	60/40 3% 28 gal	18.25	3285. ⁰⁰
			Subtotal	5132.50
			less 408 disc 40	2053. ⁰⁰
			Subtotal	3079.50
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Deion Vasquez TITLE Perster DATE _____

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.

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TICKET NUMBER 0202
 LOCATION Hoxie KS
 FOREMAN Miles Shaw

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
9/5/20		Schmitt 43	11	11 S	32 W	Logan			
CUSTOMER Blake Exploration		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS		101		Miles S					
CITY				Preston D					
STATE		ZIP CODE							

JOB TYPE PTA HOLE SIZE 7 7/8" HOLE DEPTH 4595' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4.5" TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting and Rig up on Duke drilling Rig #2 Plug as ordered
1st plug 565x @ 2550'
2nd plug 1005x @ 11030'
3rd plug 505x @ 370'
4th plug 105x w/plus @ 40' 2555x 60/40 48gal 74# Plg
RH 303x
MH 155x

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL007	1	PUMP CHARGE	1150. ⁰⁰	1150. ⁰⁰
M001	15	MILEAGE	6.50	97.50
M003	11.35	Ten Miles @ delivery	600. ⁰⁰	600. ⁰⁰
CB010	2555x	60/40 48gal 74# Plg	16.25	4143.75
RF054	1	8 5/8 Warden plug	105. ⁰⁰	105. ⁰⁰
			Subtotal	6564.25
			less 40% disc	2462.50
			Subtotal	3693.75
			SALES TAX	206.82
			ESTIMATED TOTAL	3900.57

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MAILING ADDRESS		101		Sack T					
CITY		102		Miles S					
STATE									
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