KOLAR Document ID: 1534783

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 De	scription:		
Address 1:			.		Sec Tw	p 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)		OG D&A Cathodi SWD Permit #:		County: Well #: Well #:			
ENHR Permit #:	Gas Sto	rage Permit #:					
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 District Agent's Name)	
Depth to	Top: Botto	m: T.D		Plugging Commenced:			
Depth to	Top: Botto	m: T.D		00 0			
Depth to	Top: Botto	m: T.D	'	. ragging	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 #:				ne:			
Address 1:			Address 2:	:			
City:			;	State:		Zip:+	
Phone: ()							
Name of Party Responsible fo	r Plugging Fees:						
State of	County, _			, ss.			
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decaribed	
	(Print Name)			E	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.

RANKS Oilfield Service

Office Phone (785) 639-3949

315 Main Street Victoria, KS 67671 • 24 Hour Phone (785) 639-7269

♦ Email: franksoilfield@yahoo.com

TICKET NU	MBER	0203	
LOCATION	Hoxne	hs	
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FIELD TICKET & TREATMENT REPORT

CUSTOMER TRUCK # DRIVER TRUCK # DRIVER MAILING ADDRESS 19039 410 Ave CITY STATE ZIP CODE (MILL PIPE 4.5" TUBING DISPLACEMENT DISPLACEM					CEMENT				
CUSPANCE A LIKEN OF COMMENTED TRUCK # DRIVER TRUCK	DATE	CUSTOMER #	WEL	L NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COUNTY
TRUCK # DRIVER TRUCK # DRIVER TRUCK # DRIVER TRUCK # DRIVER MALING ADDRESS 4/0 Ave STATE		1900 : 12 19				3	14 5	2200	11/20
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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.