KOLAR Document ID: 1564260

**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:				Footage	s Calculated from Neares	st Outside Section Corner:
Phone: ( )					NE NW	SE SW
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		 
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved 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	a 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	cord (Su	urface, Conductor & Produc	tion)
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 #	:		Name:			
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 Onerster -	Operator on obeyed decertibed
	(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.

FRANKS Oilfield Service

♦ 24 Hour Phone (785) 639-726 \$15 Main Street Victoria, KS 67671

Office Phone (785) 639-3949

♦ Email: franksoilfield@yahoo.cc

FIELD TICKET & TREATMENT REPORT

BER 0275	1434 B	11/1055 Straw
TICKET NUMBE	LOCATION	FOREMAN
	6	mo

		CEMEN				2
DATE CUSTOMER #	WELL NAME & NUMBER	BER	SECTION.	TOWNSHIP	RANGE	COUNTY
10	1 - 11 Je	11-1	11	S 2/	32 6	Lisam
10476	101 W					
Hi cap. W	マルナーの		TRUCK #	DRIVER	TRUCK#	DRIVER
	243	I	101	5.11T		
				SSHU		
CITY	STATE ZIP CODE					
				CASING SIZE & WEIGHT	EIGHT (X, X, X,	1,
JOB TYPE OF L	HOLE SIZE	HOLE DET IN			1	
	DRILL PIPE	TUBING			OTHER	
147	13.8 SLUBBY VOL 1, 25/1. Y WATER gal/sk.	WATER gal/sk		CEMENT LEFT in CASING	CASING	
	PISPI ACEMENT BSI	ISG XIM		RATE		
DISPLACEMENT	DISPLACEINIEINI PSI		"	W >>5010 SSS W	0/84	1000
REMARKS: Octoby My	Mook on and Bre	up din ace	1	+COC/ *	1	10/
10 W STAN 46 114	1.1cd in 61 14	1 (OCE "50	S.c and	ď	29554 Cay 40	10504
1	500					
James Jakes Gr	S 1/2 045	10 #				

		Thursh's Miles of Con	(2)	
ACCOUNT	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CODE		PIIMP CHARGE	950.00	253. a
1000	7	MI FAGE	600	360.4
1001	1 XC	To Make Contract	1.50	188. E
1100	3	(2) 40 50/	15.30	4805°
(15.00)	1200	(125 A 280	22.35	3352
10001	135K	Mr 1/5 S	7.7	18/1
5000	MEST	Sel	'X	3.5
				11762
			Verther.	
		1455 702	7.557.50	1458.
				r
			H	107
			SALES IAX	201.00
4			TOTAL	10,019.

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 DATE\_ AUTHORIZATION