KOLAR Document ID: 1568154

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

Address 1:	OPERATOR: License #:	API No. 15
Address 2:	Name:	Spot Description:
Address 2:	Address 1:	Sec Twp S. R East West
Contact Person:		Feet from North / South Line of Section
Phone: ()	City: State: Zip: +	Feet from East / West Line of Section
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Water Supply Well Other: SWD Permit #: Lease Name: Well #: ENHR Permit #: Gas Storage Permit #: Date Well Completed: Date Well Completed: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (<i>If needed attach another sheet</i>)	Phone: ()	NE NW SE SW
Plugging Completed:	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.	Lease Name:
		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.	
(Print Name)	Employee of Operator or Operator on above-described	l 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.

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

259 TICKET NUMBER LOCATION Horie FOREMAN M

Onnee I non		FIEL	D TICKET & TR		ORT		V
	OUNTONIED #		NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
DATE	CUSTOMER #	SES# 1		2	15	3500	Rawlins
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Meridin	en Einerg	×		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRI	ESS	7		101	Pitess		
				102	Sacht		
CITY		STATE	ZIP CODE				
JOB TYPE 1	TA	HOLE SIZE	HOLE D	ертн <u>9830'</u>	CASING SIZE & V		
CASING DEPTH	4		TUBING	à			
SLURRY WEIGH	137	SI LIBBY VOL	1,9 WATER	gal/sk	CEMENT LEFT in		
DISPLACEMEN	т.	DISPLACEMEN	Ris hp on /		RATE		1 1
REMARKS: S	aloh Mr	et ins #	Kis upon /	nurkin drill	145 Kig #1	1/ug 430	ord fred
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1						SALES TAX	4,262.
						ESTIMATE	10000

AUTHORIZATION HETURO USBEZCS DATE TITLE_ 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.