

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, LLC

815 Main Street
Victoria, KS 67671

Office (785) 639-3949
24 Hour Service Line (785) 639-7269

Email: franksoilfield@yahoo.com

Invoice

Date	Invoice #
2/2/2021	0268

Bill To
Bach Oil Production Inc. P.O. Box 723 Alma, NE 68920-0723

Please Pay from this Invoice
Remit Payment to
815 Main Street
Victoria, KS 67671
Billing Questions- Call Tianna at
(785) 639-3949

County/State	Lease/Well#	Terms	Job Type
Phillips Co., KS	Elberta #1	Net 30	OHP

Description	Quantity	Rate	Amount
Pump Charge	1	950.00	950.00
Mileage	70	6.50	455.00
15.58 tons at 70 miles	1,090.6	1.50	1,635.90
60/40 4% gel	250	15.50	3,875.00T
Cotton Seed Hulls	100	1.00	100.00T
35% Discount		-2,455.56	-2,455.56

Thank you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

We appreciate your business and look forward to serving you again!

Subtotal	\$4,560.34
Sales Tax (6.5%)	\$167.94
Balance Due	\$4,728.28

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 0268
 LOCATION Hoxie KS
 FOREMAN M. Lee Shaw

FIELD TICKET & TREATMENT REPORT CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2/2/21		Elbert #1	15	H/S	19 W	Phillips

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Bach oil	101	Schick T		
	102	Miles S		

CITY	STATE	ZIP CODE

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4.5"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8" 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 & log up on well plus as ordered
Pump 25 sx down back side 870 @ 700 #
1st plus Mix 125 sx @ 1300'
Pulled tubings
Pump 105 sx / remove w. 4 100# hulls to 500 ps.

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P001	1	PUMP CHARGE	950.00	950.00
M001	70	MILEAGE	6.50	455.00
M002	15.58 Tons	Ton Mileage @ 100#	1.50	1635.90
CB009	250 SX	water 40 gal	15.5	3875.00
CP2/10	100 #	lotion sand hulls	1.00	100.00
			Subtotal	7015.90
			less 358 disc	2455.90
			Subtotal	4560.00
			SALES TAX	1107.94
			ESTIMATED TOTAL	4,728.28

AUTHORIZATION Rob [Signature] TITLE _____ 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.