KOLAR Document ID: 1581782

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 #	ŧ		1	API No. 1	5				
OPERATOR: License #:					Spot Description:				
Address 1:					Sec Twp S. R East West				
Address 2:					Feet from North / South Line of Section				
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) 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					County: Well #: Date Well Completed: The plugging proposal was approved on: (Date)				
• ,	: List All (If needed attach a	•		by:		(KCC District Agent's Name)			
	epth to Top:	Bottom: T.D		Plugging Commenced:					
	epth to Top:	Bottom: T.D		Plugging (Completed:				
Do	epth to Top:	Bottom:T.D							
Show depth and thickne	ess of all water, oil and gas	formations.							
Oil, Gas or	Water Records		Casing Re	Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
		cter of same depth placed from				ods used in introducing it into the hole. If			
Plugging Contractor License #: Name				:					
Address 1: Addres				ss 2:					
City:				State:		Zip:+			
Phone: ()									
Name of Party Respons	sible for Plugging Fees:								
State of	Co	unty,		, SS.					
	(Print Na			Em	nployee of Operator or	r 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

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

TICKET NUMBER	0351
LOCATION Hove	
FOREMAN PARA	

FIELD TICKET & TREATMENT REPORT

				CEMEN					
DATE	CUSTOMER #	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY	
7-6-21		Smore	au # 1-3	9	29	13	16	643	
CUSTOMER	001-								
NIG GIL INC				-	TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS					101	Tonw			
			In cont		102	Pesta			
CITY		ZIP CODE	1						
JOB TYPE	JOB TYPE HOLE SIZE		HOLE DEPTH CASING SIZE &			CASING SIZE & W	WEIGHT		
		TUBING			OTHER				
							n CASING		
			who well .						
Ist Olia						+ 7425'			
201613		5 Crail		,					
Tool	20 30		G CI September	MENT CI	17126				
	sept or								
D 18 10	348 65								
			Mary Section 2002 100					-	
ACCOUNT									
CODE	QUANTITY	or UNITS	DE	ESCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL	
FCOOL			PUMP CHARG	iE					
more	15		MILEAGE						
mm3			Ton	m lear	Deliene				
CB009				40/00					
CPOIL	100"		W. W.	J	few.				
CP003									
CPOSS	1200		gel						
					THE REAL PROPERTY.				
4. ²									
1 - 5									
						te allei i sociaci i sico se cinadina com	SALES TAX		
							ESTIMATED		
							TOTAL		
AUTHORIZATION	J	I		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.