

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.

(Print Name) Employee 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.

Submitted Electronically

Form	CP4 - Well Plugging Record
Operator	M G Oil Inc
Well Name	JOHNSON FARMS 1-29
Doc ID	1581821

Producing Formations

Formation	Top	Bottom	Total Depth
Altamont	4455	4459	
Pawnee	4504	4506	
Fort Scott	4545	4547	
Johnson	4617.5	4619.5	

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 0354

LOCATION Home

FOREMAN D. ...

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
7-8-21		Johnson from 41 Franks																								
CUSTOMER <u>MG O.I.</u> MAILING ADDRESS CITY STATE ZIP CODE			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>101</td> <td>Tom</td> <td></td> <td></td> </tr> <tr> <td>103</td> <td>Brandon</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	101	Tom			103	Brandon										
TRUCK #	DRIVER	TRUCK #	DRIVER																							
101	Tom																									
103	Brandon																									

JOB TYPE DHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____

CASING DEPTH _____ DRILL PIPE _____ TUBING _____ 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. Re-run on well. Pump 5 bags water and 50 sacks w/ 300' holes, 1400' gal 225 sacks of 10/40 4 1/2" gel. Hoops 8 1/4" 5 sacks present in 300'. Turn off w/ 30 sacks on 5 1/2".*

Thank you!

D. ... crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC001	1	PUMP CHARGE		
M1001	45	MILEAGE		
M002	14.34	Tom mileage Delivery		
CB009	310	10/40 4 1/2" gel		
CP016	300'	hoops		
CP003	1400'	gel		
			SALES TAX	

ESTIMATED TOTAL

AUTHORIZATION *[Signature]* TITLE _____ DATE 7-8-21

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.

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 0358
 LOCATION Howe
 FOREMAN Preston

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
		<u>Johnson Family Farm</u>				

CUSTOMER ma oil
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>101</u>	<u>Preston</u>		
<u>102</u>	<u>Tom</u>		

JOB TYPE Top off OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7^{lb} SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig upon well. Mix 125 sacks of 40/40 4% gel.
top of 5 1/2"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>PC006</u>	<u>1</u>	<u>PUMP CHARGE</u>		
<u>MO01</u>	<u>45</u>	<u>MILEAGE</u>		
<u>MO02</u>	<u>5.4</u>	<u>Tom Mileage Delivery</u>		
<u>CS009</u>	<u>125 sacks</u>	<u>40/40 4% gel</u>		
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION _____ TITLE _____ DATE _____

terms of the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office.