

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

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 #
5/6/2021	0316

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	Grau Lease A5	Net 30	OHP

Description	Quantity	Rate	Amount
Pump Charge	1	950.00	950.00
Mileage	65	6.50	422.50
13.35 tons at 65 miles	867.75	1.50	1,301.63
60/40 4% gel	265	15.50	4,107.50T
Cotton Seed Hulls	200	1.00	200.00T
30% Discount		-2,094.49	-2,094.49

Thank you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$4,887.14
<i>We appreciate your business and look forward to serving you again!</i>	Sales Tax (6.5%)	\$195.99
	Balance Due	\$5,083.13

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 0316
 LOCATION Hoxie KS
 FOREMAN Mites Shaw

FIELD TICKET & TREATMENT REPORT CEMENT

DATE <u>5/6/21</u>	CUSTOMER #	WELL NAME & NUMBER <u>Gran lease A-5</u>	SECTION <u>B</u>	TOWNSHIP <u>4 S</u>	RANGE <u>19 W</u>	COUNTY <u>Ph. Lips</u>
CUSTOMER <u>Bach Oil Production</u>			TRUCK # <u>101</u>	DRIVER <u>Mites S</u>	TRUCK #	DRIVER
MAILING ADDRESS				<u>Suck T</u>		
CITY	STATE	ZIP CODE				

JOB TYPE OAD HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4.5"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT B.7 SLURRY VOL 1.4 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meetings & Rig up on well plus as ordered
1st plug 755x 200# hull @ 3200'
2nd plug 755x @ 2350'
Circulate with 15 SX @ 1275'
Druckside 5255
Top off with 305x

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL 001	1	PUMP CHARGE	950. ⁰⁰	950. ⁰⁰
M001	65	MILEAGE	6.50	422.50
M001	13.35 hrs	Tan Mileage delivery	1.50	1301.62
LB	265 sq	60 lb 48 gal	15.5	4107.50
RP 016	200 #	Cotton seed hulls	1. ⁰⁰	200. ⁰⁰
			Subtotal	6981.62
			less 30% disc	2094.48
			Subtotal	4887.14
			SALES TAX	195.99
			ESTIMATED TOTAL	5,083.13

AUTHORIZATION Dale Ireland 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.