

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

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

TICKET NUMBER 0428
 LOCATION Victoria KS
 FOREMAN Fernis Crabb

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20		VAN Allen #3	5	30S	2W	Sumner
CUSTOMER <u>PPSI</u>			TRUCK #		DRIVER	
MAILING ADDRESS			101		Tom W	
CITY			2/103		Fernis Cr	
STATE			TRUCK #		DRIVER	
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 3120' CASING SIZE & WEIGHT 5 1/2 15.5#
 CASING DEPTH 3120 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 1346 lb SLURRY VOL 1.93 WATER gal/sk 6.27 CEMENT LEFT in CASING 305 sk
 DISPLACEMENT _____ DISPLACEMENT PSI 120 MIX PSI 110 RATE 4BPM

REMARKS: safety meeting, spot in / Rig up equipment on Van Allen #3
Circulate hole after wire line, shoot casing OFF-36 3/8
1st Plug @ 576' Mix 75% class A 3% cc @ 15 pbl
2nd Plug @ 298' Mix 65% class A 3% cc @ 15 pbl
circulate cement to surface. TOOK

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC001	1	PUMP CHARGE	\$950.00	\$950.00
MO01	40 40	MILEAGE	\$6.50	\$260.00
MO02	20	Ton mileage Delivery Charge	\$1200.00	\$1200.00
CP001	305 sk	CLASS A	\$20.00	\$6100.00
CO04	460 lbs	Calcium chloride	\$1.25	\$575.00
			subtotal	\$9085.00
			less 25% disc.	\$2271.25
			subtotal	\$6813.75
			SALES TAX	375.47
			ESTIMATED TOTAL	7189.22

AUTHORIZATION _____ 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.