KOLAR Document ID: 1603032

**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 #:			,	API No.	15					
Name:					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)		OG D&A Cathodic		County: Well #:						
ENHR Permit #:	Gas Sto	rage Permit #:								
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)						
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)				
Depth to	Top: Botto	m: T.D		Plugging Commenced:						
Depth to	Top: Botto	m: T.D		Plugging Completed:						
Depth to	Top: Botto	m:T.D	'	. ragging	g completed.					
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water	Records	Casing Record			d (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If				
Plugging Contractor License #:				9:						
Address 1:			Address 2:	:						
City:			5	State:		Zip:+				
Phone: ( )										
Name of Party Responsible for	r Plugging Fees:									
State of	County, _			, ss.						
	<i>3</i> , –			_	implayed of Onesates	Operator on obeyed decertibed				
(Print Name)					imployee 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.

## 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 LOCATION Victoria

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL	NAME & NUMBER	CIVICIA	SECTION	TOWNSHIP	RANGE	COUNTY				
10-11-71	22201		CAUN #1		157	17	11/2/1	1-11:0				
CUSTOMER		1000	CFICITI									
CGOI) INC DRIVER							TRUCK #	DRIVER				
MAILING ADDRESS					101	Femile						
2550 Airbuse RD					102	-Back-T						
CITY			ZIP CODE			Tomus						
Victor	· O-	165	67671									
JOB TYPE		HOLE SIZE	7/85 HO 11/2 16.64) TI			CASING SIZE & WI	EIGHT 5/2	2-3#				
CASING DEPTH	OTHER											
SLURRY WEIGHT 13.8 SLURRY VOL 1.4 WATER gal/sk 6.86 CEMENT LEFT in								-				
DISPLACEMENT	M											
DISPLACEMENT PSI 66 MIX PSI 60 RATE 46pm  REMARKS: SAFELY MECHNA RIGUE EQUIDMENT IN RAG BOUNT !												
15+ 1712 3/85" 5052 2014014 14 BFIVE 13.8006												
2nd P100	@ 1180'	5054	60/40/4	1/4/14	F100 13.	Spel						
					Flo (2) 13.9							
4th Pluas	240' 4	Wontes Pl	11/3/1052 6	0/40/9	1 TUHELO	13.8/01						
Plus Rad	alcalith	305+ 6	140/4/1/	14 1-10,	013.4	7-						
Pluce My	USE HOLE 6	146 15	60/40/	4 1/4 1	(Flored)	Z. Spole						
70707	Balen 14	1/4/1/1/	21 12 Lod.	- 25	554							
ThuK	KARLE L. C. V	wir bush	ess Fra	FCZ	115,301	K & Tum 5	Commence Co	Contract Contract				
ACCOLUNIT												
ACCOUNT CODE	QUANTITY	or UNITS	DESC	CRIPTION of	UNIT PRICE	TOTAL						
PC005			PUMP CHARGE									
m001	17		MILEAGE									
12002	11.35		Ton mile	age de								
CB010	250		60/40	4/2/00	sc1 1/4 4	Flourens						
FE055	1		85/4 W	orden 1	2/4							
							SALES TAX					
							ESTIMATED					
	· Da			Section 2			TOTAL					
<b>AUTHORIZATION</b>	1 12 12		TI	TLE			DATE_					