

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, 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 #
1/4/2022	0491

Please Pay from this Invoice.
Remit Payment to:
815 Main Street
Victoria, KS 67671
Billing Questions-Call Tianna at
(785) 639-3949

Bill To
Falcon Exploration 125 N. Market St. Ste. 1252 Wichita, KS 67202

County/State	Lease/Well#	Terms	Job Type
Gove County, KS	Bcougher 1A	Net 30	Old Hole Plug

Description	Quantity	Rate	Amount
Pump Charge	1	950.00	950.00
Mileage	43	6.50	279.50
15.33 tons at 43 miles	659.19	1.50	988.79
60/40 4% gel 1/4# floseal	318	16.75	5,326.50T
Gel	1,600	0.30	480.00T
Cotton Seed Hulls	750	1.00	750.00T
Discount		-1,754.96	-1,754.96

Thank you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

We appreciate your business and look forward to serving you again!

Subtotal	\$7,019.83
Sales Tax (8.5%)	\$445.84
Balance Due	\$7,465.67

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 0491
 LOCATION Love
 FOREMAN _____

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
1-4-22	Teleco Ex Inc	Bearings 1A	NE 26-13-30W			Love												
CUSTOMER			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>Jack</td> <td></td> <td></td> </tr> <tr> <td>101</td> <td>Case</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	103	Jack			101	Case		
TRUCK #	DRIVER	TRUCK #					DRIVER											
103	Jack																	
101	Case																	
MAILING ADDRESS																		
CITY		STATE	ZIP CODE															

JOB TYPE CIP Hole Plug HOLE SIZE _____ HOLE DEPTH 780' 4 1/4" CASING SIZE & WEIGHT 5.5
 CASING DEPTH 4900 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS:
 Pumped 1100# gel followed 60' w 300# bulb. Filled to 2350' pump 50' ex
 then 100' ex w/ 300# bulb. Filled to 900' circulated w/ 78' ex @ 150# bulb
 (Case out of hole. Pumped 15' ex to pressure up backhole to 300 PSI @ top off

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P0001	1	PUMP CHARGE <u>DHP</u>	\$950 ⁰⁰	\$950 ⁰⁰
M001	43	MILEAGE	\$6 ⁵⁰	\$279 ⁰⁰
M004	15.33 tons	Ton mileage delivery	\$988 ⁷⁹	\$988 ⁷⁹
CB010	3/8" ex	60/40 4% LCI	\$16 ⁷⁵	\$5326 ⁵⁰
CP003	1100# Gel	Gel	\$0.30	\$480 ⁰⁰
CP016	750# Bulb	cotton seed bulb	\$1.00	\$750 ⁰⁰
			sub total	\$8774 ⁷⁹
			less 20% disc	\$1754 ⁹⁶
			sub total	\$7019 ⁸³
			SALES TAX	\$445.84
			ESTIMATED TOTAL	\$7465.67

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.