

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

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

FOREMAN Tom Williams

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
11-20-21	34876	Neysa 1-33	33	20	21W	Ness																
CUSTOMER Triple Crown Operating LLC			<table border="1"> <tr> <th>TRUCK #</th><th>DRIVER</th><th>TRUCK #</th><th>DRIVER</th></tr> <tr> <td>101</td><td>Tom W</td><td></td><td></td></tr> <tr> <td>#2/103</td><td>Jack T</td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	101	Tom W			#2/103	Jack T						
TRUCK #	DRIVER	TRUCK #					DRIVER															
101	Tom W																					
#2/103	Jack T																					
MAILING ADDRESS 2201 SCLIFCA - PK STE 100																						
CITY Tulsa	STATE OK	ZIP CODE 74114																				

1-A JOB TYPE Ratong Plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
CASING DEPTH _____ DRILL PIPE 4.5" TUBING _____ OTHER _____
SLURRY WEIGHT 11.5 SLURRY VOL 2.45 WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____
REMARKS: Safety meeting + rig up on Marlin #02 plug as ordered.

- 1 1450' 50.5%
- 2 650' ~~150~~ 50.5%
- 3 ~~60~~ 60' 20.5%
- 4 RH - 30.5%

180

Thanks Tom & Luke

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PLO05	1	PUMP CHARGE PTA	\$1500 ⁰⁰	\$1500 ⁰⁰
MAR1	120	MILEAGE	\$6.50	\$780 ⁰⁰
MAR2	8.14 tons	Ton Mileage delivery	\$1465 ²⁰	\$1465 ²⁰
CBOLO	1505K	60/40 49% gel 1/4# S/P	\$16 ⁷⁵	\$3015 ⁰⁰
			Sub total	\$4760 ²⁰
			less 2.5% disc.	\$1190 ⁰⁵
			Sub total	\$5070 ¹⁵
			Sales Tax	146.98
			ESTIMATED TOTAL	5217.13

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.