KOLAR Document ID: 1627012

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 #:	I API No.	15 -				
Name:		Spot Description:				
Address 1:	'	Sec Twp S. R East West				
Address 2:		Feet from North / South Line of Section Feet from East / West Line of Section				
City:	+					
Contact Person:	Footage	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()		NE NW SE SW				
Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yeroducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	Lease N Date We The plug by:	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)				
Depth to Top: Bottom: T.D.		Plugging Commenced: Plugging Completed:				
Depth to Top: Bottom:T.D.		g Completed				
Show depth and thickness of all water, oil and gas formations.						
Oil, Gas or Water Records	Casing Record (Su	sing 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 to the cement or other plugs were used, state the character of same depth placed from the	·		ods used in introducing it into the hole. If			
Plugging Contractor License #:	Name:	:				
Address 1:	Address 2:	3 2:				
City:	State:					
Phone: ()						
Name of Party Responsible for Plugging Fees:						
State of County,						

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 NU	MBER UDIZ	
LOCATION	Haxie	
FOREMAN	Tam Williams	

FIELD TICKET & TREATMENT REPORT

				CEMENT				
DATE	CUSTOMER #	WELL	L NAME & NUMBE	R	SECTION	TOWNSHIP	RANGE	COUNTY
2-9-22		M: 5500	N'E Flots	#15				boule
CUSTOMER								
MAILING ADDRE	#4507 E	negy		-	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS					101	Tam W		
CITY STATE		ZIP CODE		#2/103	Sackt			
SIAIL								
10.70				 		CACINIC CIZE 8 M	FIGUE	
JOB TYPE OF P HOLE SIZE							OTHER	
CASING DEPTH DRILL PIPE					CASING			
SLURRY WEIGHT SLURRY VOL DISPLACEMENT DISPLACEMENT					CASING			
							o orland	
REMARKS:	atty mrty	tilla t	502 Q1	011 177	(h)+111	Plug 05	110077411	1 100
15 H 3GC	301 120	0165 991	With	75	acke +	300 hulls		
2110 021	20 15	0. 59cks	11 200	lde La	1/6	000 119112		
200 GG		1004/941	LAMINE	1 70	76 100	1 5445	11/1/10	165 he16
7 ^	T	117/1 2				o onulus.		
	ati L	3,611 00	2 3400	7 6	E DV P	2 6114 103.	1 / Julie	
					7)	Janks Tan	nd Call	
ACCOUNT CODE	QUANTITY	QUANTITY or UNITS DESCRIPTION of SERVICES or PRODUCT				UNIT PRICE	TOTAL	
PLOOL			PUMP CHARGE OHP				n -	
mool	4.	5	MILEAGE					
m002	16.	16.02 tone Ton Milyage delivere				ilp ho		
CBOID		60 sacks	60/40	470 9	el #1/4	510		
CP016	6.00		cotter	60/40 490 gel #14510				
CP003	120	0.1/16	981					
			3	10.70				
		= 2 2 32						
				Table, 1				
8 3					No.			The state of the state of
			2.0				SALES TAX	
			a e sag en e		- L		ESTIMATED	
	X-AM.	11/11	Λ				TOTAL	
AUTHORIZATION	1 CONT	V W/A	TI'	TLE		* * * * * * * * * * * * * * * * * * *	DATE	