

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 0571
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-20-22		Morris #2				Graben
CUSTOMER Investment Equipment			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2" / 8 3/4"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting + set up on well. Put 50 sx down 1000 ft
100psi good. Pump 96 Bbl - rate 50 psi. 3 1/2 Bbl min. Mit 50 sx with 200 hulls
followed by 1200 lbs gel - then 200 sx with 300 hulls spread
thru out. Pressure to 300 psi, slowly bleed off. Took off sledge
& tapped off casing. 30 sx. Washed up Rock up mound off

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P1001	1	PUMP CHARGE <u>OHP</u>	\$950.00	\$950.00
M001	35	MILEAGE	-	-
M002	12.46 hrs	Ton Mileage Delivery	\$654.15	\$654.15
CB010	280 sx	60/40 49 gal 1/2" Flo	\$16.75	\$4690.00
CP016	500 lbs	cotton seed hulls	\$1.00	\$500.00
CP003	1200 lbs	gel	\$30	\$3600.00
			sub total	\$7154.15
			less 15% disc.	\$1073.12
			sub total	\$6081.03
			SALES TAX	353.81
			ESTIMATED TOTAL	6434.84

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.

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
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TICKET NUMBER 0570
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-20-22		Morris SW5 #2				Graham
CUSTOMER <u>Investment Equipment</u>						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
101	Tom W		
2/103	Jack T		
	Preston D		

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & see up on well. Pump 11 Bbl & loaded hole. Rate of 2 Bbl min at 300psi. Mix 2:5 sacks & pressure to 300. Release & put 500 lbs in minus 300psi. Release pressure. Wash up. Backup more of

Mix 300 lbs balls thru at cement.

Thanks Tom & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P1001	1	PUMP CHARGE <u>OHP</u>	\$950.00	\$950.00
M001	35	MILEAGE	\$1.50	\$227.50
M002	12.02 tons	Ton mileage delivery	\$631.05	\$631.05
CB010	2705 gal	60/40 490 gal 1/2 5/10	\$16.75	\$4522.50
LP016	300 lbs	cotton seed balls	\$1.00	\$360.00
			sub total	\$1,431.05
			less 15% disc	\$994.44
			sub total	\$5,436.39
			SALES TAX	307.43
			ESTIMATED TOTAL	5943.82

AUTHORIZATION _____ TITLE _____ DATE _____

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