KOLAR Document ID: 1646131

**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 #:			l API	No. 15 -				
OPERATOR: License #:								
Address 1:					Twp S. R East West			
				Feet from				
City:	State:	Zip:+		Feet from East / West Line of Section				
				Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )				□ NE □ NW	SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic  Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:				County: Well #: Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is w	vell log attached? Yes	_ No The	The plugging proposal was approved on: (Date)				
Producing Formation(s): List A	•	•			(KCC <b>District</b> Agent's Name)			
Depth to	•	ttom: T.D	Plug	gging Commenced:				
Depth to	•	ttom: T.D	Plug	gging Completed:				
Depth to	Тор: Во	ttom:T.D						
Show depth and thickness of a	all water, oil and gas for	mations.						
Oil, Gas or Water	Records		Casing Record	sing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		of same depth placed from (bo			ods used in introducing it into the hole. If			
Plugging Contractor License #:				ne:				
Address 1:			Address 2:					
City:			Stat	te:				
Phone: ( )								
Name of Party Responsible fo	r Plugging Fees:							
State of	County	/,	, ss	_				
(Print Nama)				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.

## 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 NUI	MBER	U576	
LOCATION	Honje		-
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## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL	NAME & NUMBE	D	SECTION	TOWNSHIP	RANGE	COUNTY
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CUSTOMER	// m - 1/: 2	Fagen						:/
MAILING ADDRE	1 Prilling C	mpung	Jeric .	-	TRUCK #	DRIVER	TRUCK #	DRIVER
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CITY	INOTER TO	STATE	IZIP CODE	-	2/107	Book T		
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