KOLAR Document ID: 1656128

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 #:			ı	API No. 15	5				
Name:			Spot Description:						
Address 1:									
Address 2:					Feet from				
City: State: Zip: +					Feet from East / West Line of Section				
Contact Person:				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 #: 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.					County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing F	asing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were us	sed, state the character of	same depth placed from (bot	ttom), to (top) for each	n plug set.				
Plugging Contractor License #:				ame:					
Address 1:				ddress 2:					
City:				State: + +					
Phone: ()				-					
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _			, SS.					
				Fmi	plovee of Operator or	Operator on above-described well,			
	(Print Name)				p.o., oo or operator of	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.

ÂNKS 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____ LOCATION HOXIX FOREMAN Tam William 5

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY	
4-20-22		Morris	5W 5	,并又				Grahum	
					TDI 1014 "	DD: 25	TDI IOK #		
A-)	n <i>vestment</i> Ess	Levignen	17		TRUCK#	DRIVER	TRUCK #	DRIVER	
WAILING ADDITE	.55				70(Tom W	-		
CITY		STATE	ZIP CODE		2/103	Jock T			
CIT		SIAIE	ZIF CODE			Probto 17			
JOB TYPE	214 P	HOLE SIZE		J _ HOLE DEPTH	1	CASING SIZE & W	/EIGHT <u>らん</u>		
· · · · · · · · · · · · · · · · · · ·		DRILL PIPE		TUBING			OTHER		
	Т					CEMENT LEFT in	CASING		
						RATE			
					M. Pump	11 Rd1 2	baded 1	bole.	
Rate NS	2 Bhl m	inat 3	1005 /	nix 2	1,5 sacks	V D1855(W	e to 30	O. Respose	
+ But	9-18-5 (x)	n mulus	- 30005	Relea	Us sacks ase press	une. Wa	sh ul	Buckles	
more o	245				7				
Mix	300 165	nul3	three	NIT	coment	-			
					Thanks	Tom & C	NN		
			•		, , , , , , , , , , , , , , , , , , ,				
ACCOUNT CODE	QUANTITY	or UNITS	DE	SCRIPTION o	of SERVICES or PRO	DUCT	UNIT PRICE	TOTAL	
PLOOI	1		PUMP CHARG	E OF	IP		\$95000	\$950°	
maa)	35		MILEAGE				\$1,50	\$27750	
moo 2	12,	OR Gons	Ton	Bileaux	- delivere		\$/031 05	\$43105	
CB010		05A	60/40 4	go csl	14 HO /	,	\$14.75	\$41527 50	
69016		11/5	cotten	SEPN	halls		4/00	\$360°	
						**			
							sub total	\$1,631 05	
						Ires	15%des	\$ 994 44	
							sub total	\$ 994 UU \$5,63639	
							CO INIC.I	7,0-0	
					····				
							<u> </u>		
					· • · ·				
							SALES TAX	307.43	
			<u></u>				ESTIMATED		
							TOTAL	5943.82	
AUTHORIZATION TITLE							DATE		