

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

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2856

Date <i>6-15-22</i>	Sec.	Twp.	Range	County <i>Ellis</i>	State <i>Ks</i>	On Location	Finish
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Location *Yo Cemento q GCR Jet 35 ftw*

Lease *KRAOS* Well No. *7* Owner

Contractor *SCOTT* To Quality Oilwell Cementing, Inc.
Type Job *TEST* You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size T.D. Charge To *Bowman Oil*

Csg. *5 1/2* Depth Street

Tbg. Size *3 3/8* Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. Shoe Joint Cement Amount Ordered

Meas Line Displace *20 sand*

EQUIPMENT

Pumptrk <i>17</i> No. Cementer Helper <i>Bill</i>	Common
Bulktrk No. Driver <i>Nick</i>	Poz. Mix
Bulktrk No. Driver	Gel.
Bulktrk No. Driver	Calcium

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
<i>BPC 3409 Test 1000#</i>	Sand <i>2</i>
<i>Spot 200 Sand</i>	Handling
<i>Holes 1878 - 1973</i>	Mileage
<i>Finj Rate 2BPM 500 #</i>	

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge *Pump & Test*
Mileage *15 (min)*

X Signature <i>Don Bowman</i>	Tax
	Discount
	Total Charge

Thanks

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-1071
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 2857

Date	Sec.	Twp.	Range	County	State	On Location	Finish
6-16-72				Ellis	Ks		
				Location <i>Yuccemento & GCR Jet 35 & W</i>			
Lease <i>KR905</i>		Well No. <i>7</i>		Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Contractor <i>SCO H</i>				Charge To <i>Bowman Oil</i>			
Type Job <i>Squeeze</i>				Street			
Hole Size		T.D.		City			
Csg. <i>5 1/2</i>		Depth		State			
Tbg. Size <i>2 3/8</i>		Depth		The above was done to satisfaction and supervision of owner agent or contractor.			
Tool		Depth		Cement Amount Ordered <i>3500y Cem 4% CC</i>			
Cement Left in Csg.		Shoe Joint		Cement Amount Ordered <i>2500y 3% CC Salt Sgt</i>			
Meas Line		Displace		Common <i>600</i>			
EQUIPMENT							
Pumptrk <i>17</i>	No.	Cementer Helper	<i>Bill</i>	Poz. Mix			
Bulktrk	No.	Driver	<i>Nick</i>	Gel.			
Bulktrk <i>21</i>	No.	Driver	<i>Tim</i>	Calcium <i>25</i>			
JOB SERVICES & REMARKS							
Remarks:				Hulls			
Rat Hole				Salt <i>30</i>			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
<i>BP 3409</i>				Sand			
<i>Holes 1878-1973</i>				Handling <i>655</i>			
<i>Inj Rate 2 BPM 500 #</i>				Mileage			
<i>PACKEN c 1755</i>				FLOAT EQUIPMENT			
<i>Cemty 3500y</i>				Guide Shoe			
<i>600 # Kick Back Press.</i>				Centralizer			
<i>ReCemt w/ 2500y 3% CC Salt Sgt.</i>				Baskets			
<i>Displace 12 bbls shot FW</i>				AFU Inserts			
<i>c 600 #</i>				Float Shoe			
				Latch Down			
				Pumptrk Charge <i>Squeeze</i>			
				Mileage <i>PT No Charge</i>			
				<i>Thanks</i>			
X Signature <i>Don Bowman</i>						Tax	
						Discount	
						Total Charge	

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 0657
 LOCATION Victoria
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-21-22	6931	Kraus # 7	21	14	19	Ellis
CUSTOMER <u>Bowman Oil Co.</u>			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	

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

REMARKS: Mix 20 sy & put down 4 1/2" around 5 1/2' casing
wash up more off

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
		PUMP CHARGE		
<u>Wool</u>	<u>20</u>	MILEAGE	<u>\$1.50</u>	<u>\$130.00</u>
<u>2 MORA</u>	<u>194 EMS</u>	<u>Tom M. large Delivery</u>		
<u>CB001</u>	<u>20 sy</u>	<u>Class A</u>	<u>\$20.00</u>	<u>\$400.00</u>
			sub total	\$530.00
			less 10% disc	\$53.00
			sub total	\$477.00
			SALES TAX	25.20
			ESTIMATED TOTAL	502.20

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

TICKET NUMBER 0635

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269

LOCATION Victoria

◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

FOREMAN Tom Williams

Contractor
35469

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
7-1-22		<u>Kraus</u>	<u>#7</u>				<u>Ellis</u>	
CUSTOMER <u>Bowman 0:1</u>				TRUCK #				DRIVER
MAILING ADDRESS				<u>101</u>		<u>Tom W</u>		
CITY				<u>102</u>		<u>Jack T</u>		
STATE						<u>Patton D</u>		
ZIP CODE								

JOB TYPE Squeeze HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER plus 3'104
 SLURRY WEIGHT _____ SLURRY VOL 1.67 WATER gal/sk _____ CEMENT LEFT in CASING 1406 - 1974 - 1974
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting + set up on well. Took rate 1/4 Bbl/min @ 1100 psi. Mixed 200 sacks of common 3% CC. Pressure down to 100". Mixed 75 sacks of 250" hulls. Pressure at 1000". Pump plugged w/ hulls. Tore down pump to clean out hulls. Wash up lines. Hook to casing pressure to 2000" - would not move. Shut well in.

Thanks
Pro's + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>PLOO2</u>	<u>1</u>	<u>PUMP CHARGE squeeze</u>	<u>\$1150⁰⁰</u>	<u>\$1150⁰⁰</u>
<u>MAD1</u>	<u>22 miles</u>	<u>MILEAGE</u>	<u>\$6⁵⁰</u>	<u>\$143⁰⁰</u>
<u>MDOO2</u>	<u>13.31 tons</u>	<u>Ton Mileage Delivery</u>	<u>\$400⁰⁰</u>	<u>\$600⁰⁰</u>
<u>CB002</u>	<u>275 sacks</u>	<u>Class A 3% CC</u>	<u>\$23⁵⁵</u>	<u>\$6,476²⁵</u>
<u>CP016</u>	<u>250"</u>	<u>Cotton seed hulls</u>	<u>\$1⁰⁰</u>	<u>\$250⁰⁰</u>
			sub total	<u>\$8,619²⁵</u>
			less 10% disc.	<u>\$7,757⁹³</u>
			sub total	<u>\$7,757⁹³</u>
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Juan Amico TITLE Toolpusher DATE 7-03-22

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.