

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

Form	CP4 - Well Plugging Record
Operator	Falcon Exploration, Inc.
Well Name	BROOKOVER C 1
Doc ID	1666130

Producing Formations

Formation	Top	Bottom	Total Depth
FT SCOTT	4398	4400	
FT SCOTT	4519	4529	
MISS	4519	4529	
MISS	4547	4555	4591

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 0727
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-22-22		Brookman #11	22	1.3	30W	Cove
CUSTOMER Falcon Exploration			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			STATE			
ZIP CODE			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/4" 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. Plug as ordered.

- 1) 4:350' 1400lbs gel - 25sf cement
 - 2) 2600' 190sf 300 hulls
 - 3) 1102' Circulare - 60sf 200hulls, lost circulare - pump 20sf
- The onto casing squeeze 6sf
 The onto annulus - 5sf 300psi
 9-23 - Tagged cement 295'. Pull one joint Circulare 39sf with 50 lbs side
 Top of 5sf

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P1005	1	PUMP CHARGE OHP	\$1500 ⁰⁰	\$1500 ⁰⁰
M001	4.3	MILEAGE	\$6 ⁵⁰	\$279 ⁵⁰
M002	29.93 tons	Ton Mileage Delivery	\$1815 ⁹⁸	\$1815 ⁹⁸
CBC10	310sf	10/40 42mil 1/4" 5/16 steel	\$16 ⁷⁵	\$5,192 ⁵⁰
CP003	1400 lbs	gel	\$1.30	\$470 ⁰⁰
CP016	550 lbs	water seed hulls	\$1.00	\$550 ⁰⁰
			subtotal	\$9801 ⁹⁸
			less 10% disc.	\$980 ⁷⁹
			subtotal	\$8827 ¹⁹
			SALES TAX	471.43
			ESTIMATED TOTAL	9298.63

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.