KOLAR Document ID: 1673559

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 #:			APIN	No. 15	
Name:					
Address 1:				Sec	
				Feet fron	
City:	State	:		Feet fron	
Contact Person:			Foota	ages Calculated from Nea	rest Outside Section Corner:
Phone: ()				NE NW	SE SW
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	e Name:	Well #: (Date)
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC District Agent's Name)
De	epth to Top:	Bottom: T.D	Plugo	ring Commenced:	
De	epth to Top:	Bottom: T.D	"	, ,	
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .	
	ss of all water, oil and gas	s formations.			
	Water Records			(Surface, Conductor & Prod	
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		plugged, indicating where the cter of same depth placed from			nods used in introducing it into the hole. If
Plugging Contractor Lice	ense #:		Name:		
Address 1:			Address 2:		
City:			State	:	
Name of Party Responsi	ible for Plugging Fees:				
State of	Co	unty,	, SS.		
				Employee of Operator of	or Operator on above-described well,
	(Print Na			=mpio, so oi opeiatoi o	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

♦ Email: franksoilfield@yahoo.com

Office Phone (785) 639-3949

♦ 24 Hour Phone (785) 639-7269

00 Tom Will HOXIX TICKET NUMBER LOCATION FOREMAN

FIELD TICKET & TREATMENT REPORT

CEMENT

TCOUNTY	CHENEUNG		<pre>< # DRIVER</pre>									set up an Mooth 108 Plus as arrivard.						
RANGE	43		TRUCK #					EIGHT	OTHER	ASING		Jug 45						
TOWNSHIP	20		DRIVER	Tom W	Mur Y			CASING SIZE & WEIGHT	0	CEMENT LEFT in CASING	RATE	1 801 4						
SECTION	77		TRUCK #	102	201							n Mort						
1BER	. 4			L		I		HOLE DEPTH	TUBING	WATER gal/sk_	MIX PSI	0 80 7						
WELL NAME & NUMBER	22	}	Inc		500	ZIP CODE	67207		4% "	2.34	IT PSI							
WEI	Both		ENGLOS	22	Dr 5x 710	STATE	KS M	HOLE SIZE	DRILL PIPE 4%"	SLURRY VOL 2-34	DISPLACEMENT PSI	1018 6 5 pry 4						
CUSTOMER #	1858	-	10K		~	r_)	a	PTA		11,8		2 Total		505	100 SK	5056	1054	3056
DATE	975-22	CUSTOMER	Ked	MAILING ADDRESS	1701 EKElles	CITY	Wichita	JOB TYPE P	CASING DEPTH_	SLURRY WEIGHT 11, 8	DISPLACEMENT	REMARKS: 56 12 64	3 1	1 3650	2. 3400	3 400'	,0h h	RH -

ACCOUNT	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	l w l	TOTAL
2001g	<i>j</i> ———	PUMP CHARGE PTA		\$1500°C
10000	123	MILEAGE	41,50	\$799 50
P1003	10.68.8015		1	3197046
28910	240 8%	(0/40 470 401 14 H 1/05/01)	SL714	\$4020 ∞
		, , ,		
			seb totel	76 582 8\$
		125 10% 1/3c		56 828 €
				77460 97
			SALES TAX	307.53
			ESTIMATED TOTAL	7768.50

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.

AUTHORIZATION