

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



416 Main Street
 P.O. Box 225
 Victoria, KS 67671
 Office (785) 639-3949
 24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
10/6/2022	0742

Please Pay from this Invoice.
 Remit Payment to:
 416 Main Street PO BOX 225
 Victoria, KS 67671
 Billing Questions-Call Tianna at
 (785) 639-3949
 Email: franksoilfield@yahoo.com

KCC License Number
 35469

Bill To
Canyon Operating, LLC P.O. Box 7117 Loveland, CO 80537-7117

County/State	Lease/Well#	Terms	Job Type
Graham County, KS	Nina 19-1	Net 30	PTA

Description	Quantity	Rate	Amount
Pump Charge	1	1,500.00	1,500.00
Mileage	35	6.50	227.50
Ton Mileage (min.)	1	600.00	600.00
60/40 4% gel 1/4# floseal	240	16.75	4,020.00T
8-5/8 Wooden Plug	1	165.00	165.00T
Discount		-325.62	-325.62

Thank you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$6,186.88
<i>We appreciate your business and look forward to serving you again!</i>	Sales Tax (7.5%)	\$298.18
	Balance Due	\$6,485.06

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 0742
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
10-6-22	35571	Nina 19-1	19	9	24w	Graham												
CUSTOMER <u>Conum Operating LLC</u>			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>102</td> <td>Tom W</td> <td></td> <td></td> </tr> <tr> <td>201</td> <td>Jack T</td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	102	Tom W			201	Jack T		
TRUCK #	DRIVER	TRUCK #					DRIVER											
102	Tom W																	
201	Jack T																	
MAILING ADDRESS <u>PO Box 7117</u>																		
CITY <u>Loveland</u>	STATE <u>CO</u>	ZIP CODE <u>80537</u>																

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2" TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting & set up on STP#2 plug as ordered

- 1) 2200' 50sf
- 2) 1375' 100sf
- 3) 275' 50sf
- (center) 40' 10sf with wiper plug Plug down 12:15 am
- RH 20sf
- 240sf

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL005	1	PUMP CHARGE <u>PTA</u>	\$1500.00	\$1500.00
m001	35	MILEAGE	\$6.50	\$227.50
m002	10.64 tons	Ton Mileage Delivery	\$400.00	\$100.00
CR010	240 sf	60/40 4 bag 1 1/4" #50666	\$16.75	\$4020.00
FE055	1	8 1/4" wooden plug	\$145.00	\$145.00
			sub total	\$6,512.50
			less 5% disc.	\$325.62
			sub total	\$6,186.88
			SALES TAX	298.18
			ESTIMATED TOTAL	6485.06

AUTHORIZATION [Signature] TITLE Pusher DATE 10-7-22

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.