KOLAR Document ID: 1681714

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 #			API No.	15 -				
				Spot Description:				
Address 1:			I .	Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section				
City:	State:	Zip: +						
Contact Person:			Footage	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()				□ NE □ NW	SE SW			
Water Supply Well ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s):	Other: Ga No If not, i List All (If needed attach a	SWD Permit #: as Storage Permit #: swell log attached? Yes [nother sheet) Bottom: T.D.	Lease N Date We The plug	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:				
De	pth to Top:	Bottom: T.D	""					
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:				
Show depth and thickness	ss of all water, oil and gas	formations.						
Oil, Gas or l	Water Records		Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If			
Plugging Contractor Lice		_ Name:	9:					
Address 1:			_ Address 2:	s 2:				
City:			State:					
Phone: ()								
Name of Party Responsi	ble for Plugging Fees:							
State of	Cou	unty,	, SS.					
	(Print Na	ma)	E	mployee of Operator or	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 ◆ 24 Hour Phone (785) 639-7269

♦ Office Phone (785) 639-3949

♦ Email: franksoilfield@yahoo.com

TICKET NUMBER FOREMAN Tom William

FIELD TICKET & TREATMENT REPORT **CEMENT**

DATE	CUSTOMER #	WELL NAME & NUME		IBER	SECTION	TOWNSHIP	RANGE	COUNTY		
ノーケースは CUSTOMER	9855	T Ban	Y.	1-31	31	14	28	Lane		
600	and Mosa	norabin	u Conner		TRUCK #	DRIVER	TRUCK #	DRIVER		
MAILING ADDRESS Mesa Operating Congany					102	Tom W	THOOK #	DNIVER		
1700 N	Waterfron	t PKu RI	1. 600		202	JackT	 			
CITY				1	200	Jeer				
Wichie	ea.	15	67206							
JOB TYPE				HOLE DEPTH	DEPTH CASING SIZE & WEIGHT					
CASING DEPTH		DRILL PIPE		TUBINGOTHER						
SLURRY WEIGH	URRY WEIGHT SLURRY VOL				WATER gal/sk CEMENT LEFT in CASING					
DISPLACEMENT		DISPLACEMEN	T PSI	RATE						
REMARKS: 5G	fetu mer	2419	1 586	- UN (an Picko	111 : 81	46 66	erdoed		
		>				the state of the s	3			
15 2160	50									
x 1350°	80									
3) 540	50									
2) 270	40									
60' CONKE										
RH	305	·								
	2705	ry								
ACCOUNT						Thanks	Tam & Ja	ek k		
CODE QUANTITY or UNITS		DE	SCRIPTION of	SERVICES or PRO	UNIT PRICE	TOTAL				
PLO05	PUMP CHAR		E PTA			\$1500°00	\$ 150000			
moal	68		MILEAGE	-			\$ 4 50	\$442°°		
m002	12.0	12 Lans	Ton 1	Mileag	O Deliv	wi.	\$1226 O4	\$122604		
CB010	270	54	60/40	49041	o peliv	Frages	\$17 35°	\$ 4,084 50		
CF005	100	165	5016	J			\$,50	\$50°C		
							sub total	\$790254		
						luce	5% disc	\$395 12		
							sub total	\$750742		
							SHO total	7307		
		WHEN ARE A PERSON AND ADDRESS OF THE PERSON								
			700 2 A Control (1974 A Contro							
				NAME OF THE OWNER, WHEN THE OWNER, WAS ARRESTED AND THE OWNER, WHEN THE OWNER, WHEN THE OWNER, WHEN THE OWNER,						
			7				SALES TAX	\$ 337, 33		
		/.					ESTIMATED			
UTHORIZATION CUIT TITLE						TOTAL	B7844.75			
UTHORIZATION TITLE							DATE			