

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 #
1/4/2023	0825

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
Darrah Oil Will Darrah P.O. Box 2786 Wichita, KS 67201

County/State	Lease/Well#	Terms	Job Type
Logan County, KS	Harms 1-4	Net 30	OHP

Description	Quantity	Rate	Amount
Pump Charge	1	950.00	950.00
Mileage	68	6.50	442.00
16.47 tons at 68 miles	1,119.96	1.50	1,679.94
60/40 4% gel 1/4# floseal	370	17.35	6,419.50T
Salt	100	0.50	50.00T
Cotton Seed Hulls	400	1.00	400.00T
Discount		-497.07	-497.07

Thank you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

Subtotal \$9,444.37

We appreciate your business and look forward to serving you again!

Sales Tax (8.0%) \$522.08

Balance Due \$9,966.45

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 0825
 LOCATION Home
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
01-04-23		Harms 1-41				
CUSTOMER <u>Derrah Oil</u>			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE						

JOB TYPE _____ 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: Surface mapping & set up on well plug as ordered
5 1/4" casing

1) 2400'	100 st	200 bulks
2) 1800'	100 st	200 bulks
3) 400'	125 st	circulate
4) Top of F	40 st	

Thanks Tom & Chase

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P1001	1	PUMP CHARGE PHP	\$950 ⁰⁰	\$950 ⁰⁰
m001	65	MILEAGE	\$6 ⁵⁰	\$442 ⁰⁰
m002	16.42 tons	Ton Mileage Difference	\$1679 ⁹⁴	\$1679 ⁹⁴
-CR010	320 st	(0140 490 st) with float	\$17 ³⁵	\$6,419 ⁵⁰
LP005	100 lbs	saps	\$5 ⁰⁰	\$50 ⁰⁰
CR016	400 lbs	Cotton seed hulls	\$1 ⁰⁰	\$400 ⁰⁰
			sub total	\$9,941 ⁴⁴
			less 5% disc.	\$497 ⁰⁷
			sub total	\$9,444 ³⁷
			SALES TAX	522.08
			ESTIMATED TOTAL	9966.45

AUTHORIZATION [Signature] 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.

Oakley Redi-mix
 83 1500th Rd
 Selden, KS 67757

Invoice

Date	Invoice #
1/20/2023	6847

Bill To
Darrah Oil Company 125 North Market Suite 1015 Wichita, KS 67202

Terms
Net 15

Item	Quantity	Description	Rate	Amount
01-517 Mileage Service	2.5	5 1/2 S	146.25	365.63T
	23	Mileage	5.00	115.00T
	1	Service Charge 1 - 4 yards	70.00	70.00T

Sales Tax (8.0%)	\$44.05
Total	\$594.68
Payments/Credits	\$0.00
Balance Due	\$594.68

