KOLAR Document ID: 1701801

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 #:			ı	API No. 1	5					
				Spot Des	cription:					
Address 1:						Гwp S. R East We				
					Feet from					
City:					Feet from East / West Line of Section					
Contact Person:					Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					□ NE □ NW □	SE SW				
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:					County: Well #: Date Well Completed:					
Producing Formation(s): Lis	•	•		by:		(KCC District Agent's Nam				
Depth	to Top: B	ottom: T.D		Plugging	Commenced:					
Depth to Top: Bottom: T.D					Plugging Completed:					
Depth	to Top: B	ottom:T.D		00 0	•					
Show depth and thickness of	of all water, oil and gas for	ormations.								
Oil, Gas or Water Records			Casing R	sing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
		rof same depth placed from (k		•		ods used in introducing it into the hole.				
Plugging Contractor License #: Name										
Address 1:			_ Address 2	2:						
City:				State:		Zip:+				
Phone: ()										
Name of Party Responsible	for Plugging Fees:									
State of	Cour	nty,		_ , ss.						
				_ Em	nployee of Operator or	Operator on above-described we				

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.

0755 FRANKS Oilfield Service TICKET NUMBER_ LOCATION HOXIE ♦ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269 Office Phone (785) 639-3949 FOREMAN Jam Ja ♦ Email: franksoilfield@yahoo.com FIELD TICKET & TREATMENT REPORT CEMENT COUNTY RANGE TOWNSHIP SECTION DATE WELL NAME & NUMBER CUSTOMER # Thomas 10 324 33 35695 Bradstow 10-16-29 CUSTOMER DRIVER TRUCK # DRIVER TRUCK # Tonh MAILING ADDRESS ZIP CODE CITY STATE CASING SIZE & WEIGHT 54 / 5 % HOLE DEPTH OHP HOLE SIZE OTHER __ JOB TYPE TUBING 2161 DRILL PIPE_ CASING DEPTH_ CEMENT LEFT in CASING __ ___WATER gal/sk____ SLURRY VOL _ SLURRY WEIGHT_ RATE _ DISPLACEMENT PSI _____ MIX PSI _ DISPLACEMENT _ REMARKS: 50 FEE meeting & set upon well 1) 45001 3530

5 analys 750 ps.

	ACCOUNT QUANTITY or UNITS		DESCRIPTION of SERVICES or PRODUCT PUMP CHARGE	UNIT PRICE	#950 %	No. of the last
	m001	43	MILEAGE	4 1 50	\$17950	
3	m002	17,58 tons	The Milerus Delavery	11193 91	11177 91	2
The second	CB010	39551	60140 490 gel 1/4# \$155801	114 75	\$4616	8
8	C8003	1300 163	+300 98/	\$.30	#390°	1
5	(7016	750 lbg	Cotten seed myls	\$ 1.00	\$750°°	- 6
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			- 1, 3	_	ES TAX (۰.۲۵۵

280 hulls

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12554

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2575 4) 1300°

AUTHORIZATION_

5) THE DATE COSING

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at ou fice, and conditions of service on the back of this form are in effect for services identified on this form.

TITLE_

DATE__