#### KOLAR Document ID: 1706928

**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
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	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 #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  No    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.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:
Depth to Top: Bottom:T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			tion)
Formation	Formation Content		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.	
(Print Name)	Employee of Operator or	r 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.

#### Submitted Electronically

## **FRANKS Oilfield Service** ♦ 815 Main Street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269

0852 TICKET NUMBER

LOCATION HOLIE

Office Phone (785) 639-3949

Email: franksoilfield@yahoo.com

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FIELD	TICKET	& TRE	ATMENT	REPORT
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CEMENT

DATE	CUSTOMER #	WELL NAME & N	UMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-24-23		Cohorte I	-#1	21	24	282	Love
CUSTOMER							
P	atterson 1	Enprey		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRI	ESS			202	Tomw		
				4/301	Sack T		
CITY		STATE ZIP CODE			Chase M		
JOB TYPE	aHP	HOLE SIZE	HOLE DEPTH		CASING SIZE & W	EIGHT 4/2	519
CASING DEPTH	to the	DRILL PIPE	TUBING	23/8"	OTHER		
SLURRY WEIGH	EIGHT SLURRY VOL		WATER gal/sk	(	CEMENT LEFT in CASING		
DISPLACEMENT	Г	DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS: 5	of wh a	n well.	Pruu a	es and	roved		
		ingion of states and each	0				
40001	- 100.	ax 300 hulls	Mar				
26001	. 110	50 dyan	- 60 2	ochulls			
1000'	Circular	85 up back				1 caches	
Tano	AF 359	4		NOR 01 01 0 -	0	1	
,			and the second second				

		Thanks T	om fly	w
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PLOAL	1	PUMP CHARGE QHI	\$95000	\$ 95000
maal	47	MILEAGE	\$ 1,50	\$305 50
10002	20.696019	Ton Milyaye Dalidene	\$145864	\$1458 64
68010	46554	60/40 490601 14# Flora 1	\$17 35	48.047
CPAIG	500165	cotton speed bulls	\$1.00	\$500 00
4005	1001hs	5c/4	\$ 50	\$50 °C
			sub total	\$ 11,331 89
		1055 5	% disc.	\$ 544 59
			sub total	\$10,74530
				in linews.
				- , spi - mili - a 
				- h
			SALES TAX	\$ 695.88
			ESTIMATED TOTAL	\$ 11461.19
AUTHODIZATION		TITLE	DATE	10

AUTHORIZATION\_

TITLE\_

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.

# **FRANKS Oilfield Service** ♦ 815 Main Street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269

TICKET NUMBER

♦ Office Phone (785) 639-3949

Email: franksoilfield@yahoo.com

LOCATION Hawiry

FOREMAN Tam hillsams

0847

**FIELD TICKET & TREATMENT REPORT** 

C	F	R	A	F	N	T
0	Long			ilune.	8 W	

DATE	CUSTOMER #	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
1-20-23		Colborty	и	#3	21	14	28	4408
CUSTOMER P	Learson	Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	SS	-130143		-	102	TomW	Incorra	
					4/301	Jack T		
CITY		STATE	ZIP CODE	-	-1100	Chase m		
						1140 000		
IOB TYPE	RHP	HOLE SIZE		HOLE DEPTH	t	CASING SIZE & V	VEIGHT	, 2
		DRILL PIPE	eless i a	TUBING	23/5"		OTHER	
LURRY WEIGH	Τ				k	CEMENT LEFT in	CASING	
DISPLACEMENT		DISPLACEMENT	r PSI	MIX PSI		RATE		
REMARKS: 50	Serte MB	1. 4:19 4	sot up	on wo	1. pluc	63 010	lared	
	5	7	/		/			
16 6 0 2	and an excel	2001	11				· · ·	
12 3950	5014		and the second se					a 1. (
2) 3330	5054	100 24	the second s					
3) 20.00'	110 64	200 hu	115					
4) 1000'	errouted	805y			16			
The on to	ornalus	\$ 3 BOI	2.50 ps.	9 /2	19 5 K			
			Self-sector and			Thorks	Tom & Cr	eral
ACCOUNT	QUANTITY	Y or UNITS	D	ESCRIPTION o	f SERVICES or PR	La Street and a second second	UNIT PRICE	TOTAL
CODE PLOOI	7	7	PUMP CHAR		ONP		\$95000	\$95000
mao)	49	8	MILEAGE		611		\$4,50	\$31200
mooz	and the second	STEONS	Yon	Mi lyac	12 Dell	VERK	\$ 977 04	\$977 04
68010	305	54	60/40	49041		5106101	\$17 35	\$5,29175
cpor6	450	1.h<	COLEPT	0	401/5	37-0701	\$ 1.00	\$45000
61014	450	10.	LOWFI	0000	-70110		-1.	- 100
-								
							sub total	\$7,980-79
				a de la contra da con		l	5% disc.	\$399 03
						1855	1 Dente de	\$7,58176
							sibtotal	+ 1,081
		Χ,	-					
							1	1.2000000000000000000000000000000000000
	12							
							SALES TAX	\$ 463.65
	$\bigcirc$		_				ESTIMATED	*
							TOTAL	\$ 8045.41

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.