### KOLAR Document ID: 1715070

**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:	Sec Twp S. R East West
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 #: SWD Permit #: SWD 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) Storm: T.D. Storm: T.D.   Depth to Top: Bottom: T.D. Storm: T.D. Storm: Sto	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced: Diversion Completed:
Depth to Top: Bottom: T.D	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.	
(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

TICKET NUMBER

• Office Phone (785) 639-3949

Email: franksoilfield@yahoo.com

LOCATION HOTEL FOREMAN TAM William 5

DATE \_\_\_\_

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
5-5-23		14855	2	- 33	33	125	316	Gere
CUSTOMER	- 1 - 0			T				
	rand Mr	15U		_	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	-55	r			103	Tomw		
					41301	SauleT		
CITY		STATE	ZIP CODE			Chr. 5/8		
	NEW COMPANY OF STREET, MERSING, STREET, STREET							
JOB TYPE	HP	HOLE SIZE		_ HOLE DEPTH		CASING SIZE & W	EIGHT <u>э/х~</u>	
CASING DEPTH		DRILL PIPE		_ TUBING	27/8	75111111111111111111111111111111111111	OTHER	
SLURRY WEIGH	T	SLURRY VOL		WATER gal/s	k	CEMENT LEFT in (	CASING	
DISPLACEMENT		DISPLACEMEN	NT PSI	MIX PSI		RATE		
REMARKS: Safety meeting + set al on with Mug as prodoned								
REMARKS: Safety meeting + set of on with Mug as proceed 60/40 pormix, 4% Gel, 1/4# flaseal								
1/1436 $128x$ $236$ halls								
2) 3949	1500	<sup>#</sup> q e 1	29 54					
3) 2045	1005	()	20 hulls					99999999999999999999999999999999999999
4) 1071' mix 150gr + Dever circuloted compart.								
\$C	alle side		n Vertie			•	l	
5kc	at down				alt no to	tog comen	t later	-)
Spat down (Corn pulled tubers to tag coment (atro) Thomks Tom Flagn								

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PLODI	1	PUMP CHARGE QHP		
moor	92	MILEAGE		
masz	15,58 6015	Ton Mileage Palivery		<b>2</b>
C13010	350 54	60/40 TRuel 1/4 7/25/21/		
60016	350 #	LOCKED SERN HULLS		• •
CPO03	\$500 #	ar 1		
	ł	<i>S</i>		
			<b></b>	
			SALES TAX	
			ESTIMATED TOTAL	-1

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

TICKET NUMBER\_\_\_\_\_

♦ 815 Main Street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269

• Office Phone (785) 639-3949

Email: franksoilfield@yahoo.com

FOREMAN TOM Williams

THONKS TEM & Chris

DATE

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
5-9-23		Hess	2	~ 33	33	135	31W	Gene
CUSTOMER /	(			1				
6	rund Mag	a			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRI	ESS				103	TomW		
					4/301	Chris K		
CITY		STATE	ZIP CODE	1	the second second			
	( 1 0 1 m	J		J		1		
JOB TYPE FINTSH OHP 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	EMENT DISPLACEMENT PSI MIX PSI RATE			RATE	TE			
REMARKS: 50 Tete MARting + set up on well.								
60140 DOZMIX, 40% Gel, 14# 3x 210seal								
Circulate coment from 460' 25 ste								
Top of 1084 appalus 554								

Cement feel - finished job.

L

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PLOOI	1	PUMP CHARGE Finish OHP	Accession.	-
MOOJ	52	MILEAGE	- Destroyed	wijeer caecaditag
mooa	4. 01 ton 5	CO/40 4904el Xut Floren	) `	
CBOID	9 <b>0</b> 54	60/40 49ouel Lut Housel		
	/			
			T	
				angga juga canang sa
			SALES TAX	
	12 01		ESTIMATED TOTAL	

AUTHORIZATION

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TITLE

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