KOLAR Document ID: 1727261

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 .					
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)				
De	pth to Top:	Bottom: T.D	""	Plugging Commenced:				
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	ense #:		_ Name:	e:				
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.

LUHINO OIIIIEIU SELVICE

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

♦ Office Phone (785) 639-3949

♦ Email: franksoilfield@yahoo.com

TICKET NUMBER_ LOCATION House FOREMAN Jack

FIELD TICKET & TREATMENT REPORT

CEMENT										
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY		
8-15-23	35862	Pioneer O	setations &	Ticherson#!	7	8	18	Rocks		
CUSTOMER	6 4:				TRUCK #	DRIVER	TRUCK #	DRIVER		
MAILING ADDRESS TRUCK # DRIVER TRUCK # DRIVER										
3014 Limestane CT CITY STATE ZIP CODE										
CITY	DIS CHARSE	STATE	ZIP CODE	1	20.00					
4.	48	JCS.	67601							
JOB TYPE	PTA	HOLE SIZE	1.52.001	 _ HOLE DEPTH		CASING SIZE & V	/EIGHT			
							OTHER			
					<		CASING			
the second second second second second second	the transfer of the same of th					A STATE OF THE PARTY OF THE PAR				
					lygod as o					
	7	0			//100					
i	50 sa @	1450								
23	100 SV @/	780'			Plue	low 9:15	PM.			
31	50 5× 0	270'			0					
4)	505 E M R	4 10 su de	a Care	~		The state of the s				
				0						
ACCOUNT							T	Γ		
ACCOUNT CODE	QUANTITY	or UNITS	D	ESCRIPTION of	SERVICES or PRO	DUCT	UNIT PRICE	TOTAL		
PLOOS	1		PUMP CHARG	GE PTA			\$1500°0	4150000		
mos	63		MILEAGE			WW.	\$1,50	£409,50		
MOOZ	10.68 104	£5°	TMD				4100924	\$100g 26		
CB510	24050		65/90	4% gell	1/y # flow see	1	417.35	\$4,16400		
FEOSS	1 Aller och	ada Ping	8 50 "	Donden b	y = flow see		\$14500	116500		
		U			0					
							sub total	47,24774		
						12555	edisc.	136Z 38		
							sub total	\$4.885 38		

		and the second s			A CONTRACTOR OF THE STATE OF TH					
	-									
							SALES TAX	287.88		
	0 .		<u> </u>				ESTIMATED	7173.26		
	(11)	110					TOTAL			
AUTHORIZATIO	N Jak	1/m		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.