KOLAR Document ID: 1731896

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:					escription:			
Address 1:			.		Sec Tw	vp S. R East West		
Address 2:					Feet from			
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)		OG D&A Cathodi SWD Permit #:		,		Well #:		
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)		
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:			
Depth to	Top: Botto	m: T.D		00 (•			
Depth to	Top: Botto	m:T.D	'	i iuggiiis	g completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Re	asing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If		
Plugging Contractor License #: Nam			Name:	:				
Address 1:			Address 2:					
City:			;	State:		Zip:+		
Phone: ()								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _			, SS.				
	•				Employee of Operator or	Operator on above described		
	(Print Name)			⊑	imployee 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.

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 1066

LOCATION Hoxi'e

FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT

				CEMEN	IT			
DATE	CUSTOMER#	WELL NAME & NUMI		MBER SECTION		TOWNSHIP	RANGE	COUNTY
8-12-13/23	35 695	Prewo		柱1	36	10	33	Thomas
CUSTOMER	ARP				TRUOK #	T 501/50	T TOLIOUS	T 550//55
			-	TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS				103	1-12 Ton W		Tomb	
					201	942 DeckT	9-19 203	Chrisk
CITY		STATE	ZIP CODE			Chrisk		
						Decition of the second	Proston P	
JOB TYPE OHP HOLE SIZE			_ _ HOLE DEPT	н	CASING SIZE & W		8 %	
CASING DEPTH DRILL PIPE			_TUBING	27/8"				
SLURRY WEIGHT SLURRY VOL			WATER gal/s	sk	CEMENT LEFT in	CASING	1 1 1	
DISPLACEMENT DISPLACEMENT PSI			MIX PSI		RATE			
REMARKS: 51	ity mept!	14 4 5pt	UA ON W	rell. Pi	104 05	ordened,		
D 413 41	10054 2	acc 15	schulls		3		730	
25 3052'	600/65	gel					22.0	
F	Pall tubina	0						
8-18 Per	Sorou F	Pump.	SOSY 5	0 165	hulls dou	n cosing.	Perferole	17 37'
7740:000	300 lbs as	1 1005	x 200	vhalls	down 1	esing,	,	
	Run bub					0		
3151	5094	3				74 - VI		- 12 8 1
	BOSY C	redate				Thanks .	Tom LC	tus
		*						
ACCOUNT	I QUANTITY or UNITS I D			ESCRIPTION (of SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PLOO 1	ı	PUMP CHARGE OHP	\$950 CO	\$95000
magi	46	MILEAGE	\$4.50	\$ 299 00
m002	14.99 6015	Class A 290 CL GO/40 490 14# Floral	\$1,03431	\$103431
CBOO!	10054	Class A 290 CL	\$23 35	\$2,33500
01085	230 54	60/40 490 14# flosal	\$1735	\$3,99050
CP003	900165	621	\$,30	\$27000
CP016	400/03	Cotten seed hulls	\$1.00	\$40000
		10 10 10 10 10 10 10 10 10 10 10 10 10 1	sub total	\$9,27881
		1055	5% disc.	\$443 44
		V (40)	sub total	\$8,81487
		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1		
			SALES TAX	548.27
			ESTIMATED TOTAL	9363.14

AUTHORIZATION_

TITLE_

DATE