KOLAR Document ID: 1729384

**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 #:			I APIN	lo. 15 -				
OPERATOR: License #:				API No. 15  Spot Description:				
Address 1:			1 '	•	wp S. R East West			
				Feet from South Line of Section  Feet from East / West Line of Section				
City:	State:							
Contact Person:			Foota	ages Calculated from Near	est Outside Section Corner:			
Phone: ( )				NE NW SE SW				
Water Supply Well  ENHR Permit #:  Is ACO-1 filed? Yes  Producing Formation(s): List	Other: Gas S  No If not, is w  All (If needed attach anoth	Storage Permit #:	Lease Date No The p	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)				
Depth to	•	ttom: T.D	Plugg	ging Commenced:				
Depth to		ttom:T.D	Plugg	ging Completed:				
Бериги	о юр во	itom 1.D						
Show depth and thickness of	all water, oil and gas for	mations.	•					
Oil, Gas or Wate	r Records		Casing Record	ring Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
	•	gged, indicating where the mu of same depth placed from (b	•		ods used in introducing it into the hole. If			
Plugging Contractor License	#:		_ Name:					
Address 1: Address								
City:			State:	:	Zip:+			
Phone: ( )								
Name of Party Responsible for	or Plugging Fees:							
State of	County	<b>/</b> ,	, SS.					
			Employee 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.



Bill To

Canyon Operating, LLC
P.O. Box 7117

Loveland, CO 80537-7117

## **Invoice**

Date 9/8/2023	Invoice #		
9/8/2023	1063		

Please Pay from this Invoice.
Remit Payment to:
416 Main Street PO BOX 225
Victoria, KS 67671
Billing Questions-Call Tianna at
(785) 639-3949
Email: franksoilfield@yahoo.com

KCC License Number 35469

County/State	Lease/Well#	Terms	Job Type	
Graham County, KS	Hofstetter 28-1	Net 30	PTA	

			A (7-30-20) (1-30)	11000 11000
Description	Quantity		Rate	Amount
Pump Charge Mileage 10.68 tons at 40 miles 60/40 4% gel 1/4# floseal 8-5/8 Wooden Plug Discount		1 40 427.2 240 1	1,500.00 6.50 1.50 17.3: 165.00 -336.49	260.00 640.80 4,164.00T 165.00T
Markel				

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$6,393.31
We appreciate your business and look	Sales Tax (7.5%)	\$308.44
forward to serving you again!	Balance Due	\$6,701.75

# 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 1063
LOCATION Hoxie
FOREMAN Tom Williams

## **FIELD TICKET & TREATMENT REPORT**

	·			CEMEN.	Γ			
DATE	CUSTOMER #	WELL NA	AME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
9-6-23 CUSTOMER .	3521	HOESTEL		26-1	28	8	22	Graham
COSTONIER	nyan O.	perating	226		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	ESS O	3		1	103	Tomes	THOOK #	DNIVEN
					201	Chrisk		
CITY		STATE ZII	CODE		er i	C81119 15		-
							<del>                                     </del>	
JOB TYPE_	TA	HOLE SIZE		ı HOLE DEPTH		CASING SIZE & V	VEIGHT	<u> </u>
CASING DEPTH		DRILL PIPE 4/2	ž <sup>c</sup> i	TUBING		o, lon la olee a l	OTHER	
		SLURRY VOL				CEMENT LEFT in		
DISPLACEMENT		DISPLACEMENT PS	SI	MIX PSI_		RATE	CONTROL OF PERSONS AND	
REMARKS: 5	Sexe m	etting 4	- 50t	upon	STPWZ	Play as	ardon	0
13 1820		516						
2) 975								
8/ 2/5	50			WINDOWS				
40.	10 64	wiplug						-
RH	3058							
	240 5							<i>c</i> 6 5 -
	270 3	×				Thonks	10m 4	Chris
ACCOUNT	QUANTITY	or UNITS	DES	SCRIPTION of S	SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
PLOOS							<del> </del>	
mod	40		MP CHARGE LEAGE	PTA			\$1500°	\$1500°D
M002	10.6	7		12.1.000	Falsy	20	\$650	\$240°0
03010	240		01140	49 30	Pel:V	218	\$1,4080	1/4080
	270		5/5/0		14 Flos	201	\$1735	4416400
FE055	V		5 2/5 1	Jouden	plog		4/65°CO	416500
							ach estri	\$1077930
						less	5% disc	2331 49
						17.5.5	se porce	\$/039331
							SED FORCE	4/2,575
							SALES TAX	308.44
	1/1	11					ESTIMATED TOTAL	6701.75
JTHORIZATION.	Juff	Im	т	ITLE			DATE	
ماد ماد مادم الم			022					

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.