

**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 #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic  
 Water Supply Well  Other: \_\_\_\_\_  SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  Gas Storage 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)  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - \_\_\_\_\_  
 Spot Description: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 \_\_\_\_\_ Feet from  North /  South Line of Section  
 \_\_\_\_\_ Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_  
 Date Well Completed: \_\_\_\_\_  
 The plugging proposal was approved on: \_\_\_\_\_ (Date)  
 by: \_\_\_\_\_ (KCC District Agent's Name)  
 Plugging Commenced: \_\_\_\_\_  
 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.  
 \_\_\_\_\_  Employee of Operator or  Operator on above-described well,  
 (Print Name)

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, LLC

815 Main Street  
Victoria, KS 67671

Office (785) 639-3949  
24 Hour Service Line (785) 639-7269

Email: franksoilfield@yahoo.com

## Invoice

Date	Invoice #
6/11/2022	0614

Please Pay from this Invoice.  
Remit Payment to:  
815 Main Street  
Victoria, KS 67671  
Billing Questions-Call Tianna at  
(785) 639-3949

Bill To
Canyon Operating, LLC P.O. Box 7117 Loveland, CO 80537-7117

County/State	Lease/Well#	Terms	Job Type
Graham County, KS	Richmeier 11-1	Net 30	PTA

Description	Quantity	Rate	Amount
Pump Charge	1	1,500.00	1,500.00
Mileage	27	6.50	175.50
Ton Mileage (min.)	1	600.00	600.00
60/40 4% gel 1/4# floseal	240	16.75	4,020.00T
Discount		-629.55	-629.55

Thank-you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

**Subtotal** \$5,665.95

*We appreciate your business and look forward to serving you again!*

**Sales Tax (7.5%)** \$271.35

**Balance Due** \$5,937.30

# 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 0614  
 LOCATION Horse  
 FOREMAN Tom Williams

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-11-22	39571	Rich meier W-1	11	9	25 <sup>th</sup>	Graham
CUSTOMER <u>Canyon Operating LLC</u>			TRUCK #			
MAILING ADDRESS <u>PO Box 7117 1</u>			DRIVER			
CITY <u>Loveland</u>			TRUCK #			
STATE <u>CO</u>			DRIVER			
ZIP CODE <u>80537</u>			TRUCK #			
JOB TYPE <u>PTM</u>			DRIVER			
HOLE SIZE _____			TRUCK #			
HOLE DEPTH _____			DRIVER			
CASING SIZE & WEIGHT _____			TRUCK #			
CASING DEPTH _____			DRIVER			
DRILL PIPE <u>4 1/2"</u>			TRUCK #			
TUBING _____			DRIVER			
OTHER _____			TRUCK #			
SLURRY WEIGHT <u>12.5</u>			DRIVER			
SLURRY VOL <u>2.345</u>			TRUCK #			
WATER gal/sk _____			DRIVER			
CEMENT LEFT in CASING _____			TRUCK #			
DISPLACEMENT _____			DRIVER			
DISPLACEMENT PSI _____			TRUCK #			
MIX PSI _____			DRIVER			
RATE _____			TRUCK #			
REMARKS: <u>safety meeting + set up on STP#2 plugged as ordered</u>						
1 <sup>st</sup> 2750' 50 SF						
2 <sup>nd</sup> 1400' 100 SF						
3 <sup>rd</sup> 275' 50 SF <u>plug down 4130</u>						
4 90' 10 SF						
RT# 30 SF						
<u>240 total</u>						

*Thanks Tom + Jack*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
10005	1	PUMP CHARGE <u>PTM</u>	\$1500 <sup>00</sup>	\$1500 <sup>00</sup>
10001	27	MILEAGE	\$6 <sup>50</sup>	\$175 <sup>50</sup>
10002	10.68	Ton Mileage Delivery	\$600 <sup>00</sup>	\$6408 <sup>00</sup>
10010	240 SF	60/40 420 gal 1/4" Slurry	\$16 <sup>75</sup>	\$4020 <sup>00</sup>
			sub total	\$6295 <sup>50</sup>
			less 10% disc.	\$5665 <sup>95</sup>
			sub total	\$5665 <sup>95</sup>
			SALES TAX	271.35
			ESTIMATED TOTAL	5937.30

AUTHORIZATION Randy Scarnon TITLE Driller DATE 6-11-22

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, LLC

815 Main Street  
Victoria, KS 67671

Office (785) 639-3949  
24 Hour Service Line (785) 639-7269

Email: franksoilfield@yahoo.com

## Invoice

Date	Invoice #
6/1/2022	0606

Please Pay from this Invoice.  
Remit Payment to:  
815 Main Street  
Victoria, KS 67671  
Billing Questions-Call Tianna at  
(785) 639-3949

Bill To
Canyon Operating, LLC P.O. Box 7117 Loveland, CO 80537-7117

County/State	Lease/Well#	Terms	Job Type
Graham County, KS	Richmeier 11-1	Net 30	Surface

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	25	6.50	162.50
Ton Mileage (min.)	1	600.00	600.00
60/40 3%cal 2% gel	170	18.25	3,102.50T
Discount		-501.50	-501.50

*Thank you!*

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	<b>Subtotal</b>	\$4,513.50
<i>We appreciate your business and look forward to serving you again!</i>	<b>Sales Tax (7.5%)</b>	\$209.42
	<b>Balance Due</b>	\$4,722.92

# 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 0606  
 LOCATION Laxie  
 FOREMAN Tom Williams

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-7-22	35571	Rothmeier 11-1	11	9	25 W	Graham
CUSTOMER <u>Canyon Operating LLC</u>			TRUCK #			
MAILING ADDRESS <u>PO Box 7117</u>			DRIVER			
CITY <u>Loveland</u>			TRUCK #			
STATE <u>CO</u>			DRIVER			
ZIP CODE <u>800537</u>			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 215' CASING SIZE & WEIGHT 4 1/2" 23#  
 CASING DEPTH 215' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.5 SLURRY VOL 1.23 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 12.5 Bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: safety meeting & set up an STP #3 Circulate mud.  
Mix 170sx 60/40 surface blend. & displaced with 12.5 Bbl  
cement did circulate

Plug 7 pm

Thanks Tom & Jack

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P6002	1	PUMP CHARGE <u>Surface</u>	\$1150 <sup>00</sup>	\$1150 <sup>00</sup>
m001	25	MILEAGE	\$4 <sup>50</sup>	\$112 <sup>50</sup>
m002	7.57 tons	Ton Mileage delivered	\$400 <sup>00</sup>	\$400 <sup>00</sup>
CB214	170sx	60/40 3 1/2" 23 gal	\$18 <sup>25</sup>	\$3102 <sup>50</sup>
			sub total	\$5015 <sup>00</sup>
			less 10% disc.	\$501 <sup>50</sup>
			sub total	\$4513 <sup>50</sup>
			SALES TAX	209.42
			ESTIMATED TOTAL	4722.92

AUTHORIZATION [Signature] 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.