KOLAR Document ID: 1736064

**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 #:			APIN	No. 15				
OPERATOR: License #:				Spot Description:				
Address 1:				Sec				
				Feet fron				
City: State: Zip: +				Feet from East / West Line of Section				
Contact Person:			Foota	Footages Calculated from Nearest Outside Section Corner:				
Phone: ( )				NE NW	SE SW			
Water Supply Well	Other:	ell OG D&A Ca SWD Permit #: as Storage Permit #: is well log attached? Yes	Lease Date	County: Well #: Date Well Completed: (Date)  The plugging proposal was approved on: (Date)				
Producing Formation(s):	List All (If needed attach a	another sheet)	by:		(KCC <b>District</b> Agent's Name)			
De	epth to Top:	Bottom: T.D	Plugo	Plugging Commenced:				
De	epth to Top:	Bottom: T.D	"	, ,				
De	epth to Top:	Bottom:T.D		,g • •p. • . • . • . • . • . • . • .				
	ss of all water, oil and gas	s formations.						
	Water Records			Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the cter of same depth placed from			nods used in introducing it into the hole. If			
Plugging Contractor License #: Name								
Address 1: Addres				is 2:				
City:			State	:				
Name of Party Responsi	ible for Plugging Fees:							
State of	Co	unty,	, SS.					
				Employee of Operator of	or Operator on above-described well,			
(Print Name)				=mpio, so oi opeiatoi o	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 NU	MBER_		110	5
LOCATION	HAX	10		
FOREMAN	Tom	47:	11:0	m 5

## FIELD TICKET & TREATMENT REPORT CENTENIT

				CEIVIEIN					
DATE	CUSTOMER #	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY	
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CUSTOMER	1	1		One.	TDLIOK #	DDIVED.	TRUOK #	L DDIVED	
MAILING ADDRE	SS LNU75	tment			TRUCK #	DRIVER	TRUCK #	DRIVER	
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CITY		STATE	ZIP CODE		a 301	Town Wi			
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indicated that the									
ACCOUNT CODE	QUANTITY	TITY or UNITS DESCRIPTION of SERVICES or PRODUCT			DUCT	UNIT PRICE	TOTAL		
PLOOT		1	PUMP CHARG	E	QHP			SERVICE POLY	
mool	2	0	MILEAGE						
M003	18.1	D26005	Tony	n'/Paa	e Delives	9		Side and Side Special	
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