

**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.

\_\_\_\_\_  
(Print Name) ☐ 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.

Submitted Electronically

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269  
◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

FOREMAN Tam Williams

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY																
7-28-23	81660	Vreeland 5-13		13	11	24	Troya																
CUSTOMER Phillips Exploration				<table border="1"> <tr> <td>TRUCK #</td><td>DRIVER</td><td>TRUCK #</td><td>DRIVER</td></tr> <tr> <td>103</td><td>Tom W</td><td></td><td></td></tr> <tr> <td>41301</td><td>Jack T</td><td></td><td></td></tr> <tr> <td></td><td>Chris K</td><td></td><td></td></tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	103	Tom W			41301	Jack T				Chris K		
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103	Tom W																						
41301	Jack T																						
	Chris K																						
MAILING ADDRESS																							
CITY		STATE	ZIP CODE																				

JOB TYPE	<u>Surface</u>	HOLE SIZE	<u>12 1/4"</u>	HOLE DEPTH	<u>220'</u>	CASING SIZE & WEIGHT	<u>8 7/8" 23#</u>
CASING DEPTH	<u>218'</u>	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE	
REMARKS:	<u>Set up on Marfan 16" Circulate mud.</u>						

Pump 14058 80/20 3+2. Displace 12 1/4 Bbl & shut in @ 15pm

Thanks Tom & Karen

[illegible]

AUTHORIZATION \_\_\_\_\_ 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.

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CITY		STATE	ZIP CODE																			

JOB TYPE <u>PTA</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT _____
CASING DEPTH _____	DRILL PIPE <u>4 1/2"</u>	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety meeting & set up on Marlin #16. Plug as ordered

1) 2050' 505K  
2) 1125' 1005K  
3) 275' 505K  
4) 40' 105K  
BH 305K MH 255K

Thanks Tom & Jack

255 yr

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL005	1	PUMP CHARGE PTA	\$1500 <sup>00</sup>	\$1500 <sup>00</sup>
maol	53	MILEAGE	\$6.50	\$344.50
MO02	11.35 tons	Ton Milage Delivery	\$902 <sup>00</sup>	\$902.33
LB01A	255 1/4 ~ 255 1/2	60/40 49gal V6 #510401	\$17.35	\$4424.25
FE055	1	8 1/2" woodm plug	\$145 <sup>00</sup>	\$145 <sup>00</sup>
			sub total	\$7336.08
			less 5% disc.	\$366.80
			sub total	\$6969.28
			SALES TAX	326.98

ESTIMATED TOTAL	7296.26
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## AUTHORIZATION

**TITLE** 75

DATE 8-4-61

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