

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

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

TICKET NUMBER 1030
 LOCATION Hoxie
 FOREMAN Jack

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-6-23	5610	Bonnie #1	31	7	15	Osborne

CUSTOMER Bruce Oil
 MAILING ADDRESS 1704 Limestone RD
 CITY Matherson STATE KS ZIP CODE 67460

TRUCK #	DRIVER	TRUCK #	DRIVER
103	CK		
203	JT		

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8" 73#
 CASING DEPTH 219' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 126 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting. Setup & circulated sand. Mixed 16030. Circulated cement to pit

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC007	1	PUMP CHARGE	\$1150.00	\$1150.00
M001	83 miles	MILEAGE	\$1.50	\$539.50
M002	7.56 Ton	TMD	\$941.22	\$941.22
CB014	160 BX	Class # 3 3/4 CU 7 3/4 gal	\$25.50	\$4080.00
			sub total	\$6710.72
			less 5% disc.	\$355.53
			sub total	\$6355.19
			SALES TAX	310.08
			ESTIMATED TOTAL	6685.27

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.

FRANKS Oilfield Service

◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
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TICKET NUMBER 1033
 LOCATION Victoria
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-12-23	5610	Bonnie #1	36	7	15	Osborne
CUSTOMER Bruce Oil Company L.L.C.			TRUCK #		DRIVER	
MAILING ADDRESS 1704 Limestone Rd.			103		Chris	
CITY McPherson			4/301		Tom W	
STATE KS			TRUCK #		DRIVER	
ZIP CODE 67400						
JOB TYPE PTA	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
CASING DEPTH	DRILL PIPE 4 1/2"	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 D-security - Plug as ordered

1	1190'	5054
2	930'	10044
3	220'	5054
4	center	1054
RH	3040H	1564

Charles Tom & Chris

25544

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PLO09	1	PUMP CHARGE PTA	\$1500.00	\$1500.00
M001	59	MILEAGE	\$6.50	\$383.50
M002	11.34 cons	Top Mileage Delivery	\$100.35	\$1,003.59
63010	25554	60140 49 gal 14 1/2 gal	\$17.35	\$4,424.25
			sub total	\$7,311.34
			less 5% disc	\$315.56
			sub total	\$6,995.78
			SALES TAX	336.24
			ESTIMATED TOTAL	7282.02

AUTHORIZATION [Signature] TITLE _____ DATE _____

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