KOLAR Document ID: 1737972

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 #:			AF	PI No. 1	5				
Name:			Spot Description:						
Address 1:					Sec Twp S. R East West				
Address 2:			_	Feet from North / South Line of Section Feet from East / West Line of Section					
City:	State:	Zip: +	_						
Contact Person:			Fo	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()				□ NE □ NW □ SE □ SW					
Type of Well: (Check one)		OG D&A Cathodic	Co	County: Well #: Date Well Completed:					
ENHR Permit #:	Gas Sto	rage Permit #:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)					
Producing Formation(s): List A	II (If needed attach another	sheet)	by	by: (KCC District Agent's Name) Plugging Commenced:					
Depth to	Top: Botton	m: T.D	_{Pli}						
Depth to	Top: Botto	m: T.D		Plugging Completed:					
Depth to	Top: Botto	m:T.D	' '	agging	Completed.				
Show depth and thickness of a	all water, oil and gas forma	ations.							
Oil, Gas or Water	Records		Casing Reco	asing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
cement or other plugs were us		-				ds used in introducing it into the hole. If			
Plugging Contractor License #: Nam									
Address 1:			Address 2: _						
City:			Sta	ate:		Zip:+			
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _		, s	SS.					
			Г	_	nployee of Operator or	Operator on above-described well,			
			=[]	inproyee or 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.

FRANKS Oilfield Service

♦ 815 Main Street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269

♦ Office Phone (785) 639-3949

AUTHORIZATION_

♦ Email: franksoilfield@yahoo.com

LOCATION VICTORIA FOREMAN Tom Williams

ESTIMATED

TOTAL

DATE

4720.72

FIFI D TICKET & TREATMENT REPORT

DATE CUSTOMER # WELL NAME & NUMBER POPEL 13 MCM. M. M. H. L. SECTION TOWNSHIP RANGE COUNTY POPEL 13 MCM. M. M. H. L. SECTION TOWNSHIP RANGE COUNTY WORLING ADDRESS S THOUGH THOUGHT TRUCK # DRIVER TRUCK # DRIVER TOWN IN THE TRUCK # DRIVER TRUCK # DRIVER TOWN IN THE TRUCK # DRIVER TRUCK # DRIVER TOWN IN THE TRUCK # DRIVER TRUCK # TRUCK # DRIVER TOWN IN THE TRUCK # DRIVER TRUCK # TRUCK # DRIVER TOWN IN THE TRUCK # DRIVER TRUCK # DRIVER TOWN IN THE TRUCK # DRIVER TOWN IN THE TRUCK # DRIVER TRUCK # TRUCK # DRIVER TRUCK				D HONE	CEMEN						
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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.

TITLE_