## KOLAR Document ID: 1742652

**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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed?	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

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

# **FRANKS Oilfield Service** ◆ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269

TICKET NUMBER LOCATION Hexic

1124

• Office Phone (785) 639-3949

Email: franksoilfield@yahoo.com

**FIELD TICKET & TREATMENT REPORT** 

FOREMAN \_ Jack

				CEMENT				
DATE	CUSTOMER #	WELL NAME & NUMBER		IBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-20-23		Shule/	17.6		17	6	29	SD
CUSTOMER								
	LD Dallin	4		] [	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			103	CK		4		
						CD		
CITY		STATE	ZIP CODE	7 [				
				J E				
	Q4P	HOLE SIZE	1,,	HOLE DEPTH		CASING SIZE & W	EIGHT 5K	
CASING DEPTH	•				3/2 1		OTHER	
SLURRY WEIGH	T/3.S	SLURRY VOL		WATER gal/sk		CEMENT LEFT in (	CASING	
DISPLACEMENT	SPLACEMENT DISPLACEMENT PSI MIX PSI EMARKS: <u>Safety merting</u> & set up. Pl-ggr			MIX PSI	RATE			
REMARKS:	Safeh	merting	E'set up.	Plusse, d	las orde	ended.		
	0	0	. – r	//				
	1) 39	501 800	ils nell f	Marty 8	10 = + 3	00 165 of.hulls	2.	
			5x + 300 16		<u> </u>			
	3) 1306	1 /25 5	+ 250 #	bulle				
					ST. 25	sy to top	att	
		Total 37			<u> </u>	** /e /op		

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Rod	1		\$95000	\$95000
Mool	22	MILEAGE	\$1,50	\$143 00
MOOR	16.46 tons 370 520	7710	\$10000	\$40000
6000	37050	60/40 4th goll 44 to flow seel gell	\$17.35	\$641950
CP003	800/65	gell	\$ 20	\$240°°
CPOIL	800 165 810 165	Cotton seed hulls.	\$1.00	sanci
CPOOS	100/45	Salt	\$ 50	\$50°00
	2.		EUD total	\$9252 30
		less	Sh disc.	4462 63
			Sito total	\$8.789 87
			SALES TAX	538.61
			ESTIMATED TOTAL	9328.48
UTHORIZATION	4		DATE	

AUTHORIZATION

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.