

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

1127

FOREMAN Jack

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY																
11-22-23		Miller		05 082231	03	23	Norton																
CUSTOMER LD Drilling				<table border="1"> <tr> <td>TRUCK #</td><td>DRIVER</td><td>TRUCK #</td><td>DRIVER</td></tr> <tr> <td>103</td><td>CD</td><td></td><td></td></tr> <tr> <td>4</td><td>JT</td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	103	CD			4	JT						
TRUCK #	DRIVER	TRUCK #	DRIVER																				
103	CD																						
4	JT																						
MAILING ADDRESS																							
CITY		STATE	ZIP CODE																				

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

REMARKS: Safety meeting: set up & plugged as ordered.

- 1) 3600' 1200 # gall 50sx w/ 150 #s Halls
- 2) 1930 125sx w/ 200 #s Halls
- 3) 700' 125sx
- 4) 0' ¹⁰⁰ ~~100~~ sx Backside 10sx top off. Took backside to 250 PSL

410 sw total

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC001	1	PUMP CHARGE OHP	\$950.00	\$950.00
M001	516	MILEAGE	\$1.50	\$314.00
M002	18.29 tons	TMD	\$153.34	\$153.34
CR010	410 sy	60/40 4% gall 1/4 # Fluorocel	\$17.35	\$7,113.50
CP003	1200 #s	gall	\$1.30	\$310.00
CP005	100 #s	salt	\$1.50	\$150.00
			sub total	\$10,373.84
			less 5% disc.	\$518.69
			sub total	\$9,855.17
			SALES TAX	518.18
			ESTIMATED TOTAL	10373.35

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.