

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

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

TICKET NUMBER 1034

LOCATION Hoxie

FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-12-23	35970	Wor Lester A 2-34	3-1	6	22	Graham

CUSTOMER Satchell Creek Petroleum

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TRUCK #	DRIVER	TRUCK #	DRIVER
103	Chris K		
41801	Tom W		

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: Set up on Feature Plug as ordered

- 1) 2800' 50 sk
 - 2) 1950' 50 sk
 - 3) 1150' 100 sk
 - 4) 275' 50 sk
 - Center - 105 sk
 - R. H 30 sk
- Thanks Tom & Chris

10
10
79
50T
06

290

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL005	1	PUMP CHARGE PTA	\$1500.00	\$1500.00
M001	46	MILEAGE	\$6.50	\$299.00
M002	12.91 tons	Ton Mileage Delivery	\$890.79	\$890.79
CB010	280 sk	60/40 420 gal 1/4" Slurry	\$17.35	\$4,831.50
			sub total	\$7,721.29
			less 5% disc.	\$386.06
			sub total	\$7,335.23



15.23
58.49
93.72

AUTHORIZATION Jay Hoover TITLE Driller Supp. DATE 8-12-23

SALES TAX 358.49
 ESTIMATED TOTAL 7693.72

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.

NKS Oilfield Service

Street Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269
 Phone (785) 639-3949 ♦ Email: frankoilfield@yahoo.com

TICKET NUMBER 1029
 LOCATION Harve
 FOREMAN Jack

FIELD TICKET & TREATMENT REPORT CEMENT

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
35970	Worcester A2-34	34	6	22	GH

41 Creek Petroleum, LLC
 ADDRESS
 032 N Cortina St.
 State: KS ZIP CODE: 67205
 City: Wichita

TRUCK #	DRIVER	TRUCK #	DRIVER
103	CK		
203	JT		

Surface HOLE SIZE _____ HOLE DEPTH 218' CASING SIZE & WEIGHT 4 1/2 23#
 DEPTH 218' DRILL PIPE _____ TUBING _____ OTHER _____
 WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 CEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

KS: Safety meeting, set up on Fresh Feature - Circulated acid. Mixed cement & displaced w/13 BBL Circulate, just a bit of cement. Shut in.



Thank you!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
P002	1	PUMP CHARGE Surface	\$1150.00	\$1150.00
M001	46 miles	MILEAGE	\$16.50	\$759.00
M002	9.87 tons	TMD	\$1781.03	\$1781.03
C004	200 gal	Class A 3/4 cc 2% Gal	\$25.50	\$5100.00
C014	160 gal	CT		
			sub total	\$7230.03
			6.5% disc	\$361.50
			sub total	\$12,848.53
			SALES TAX	363.38
			ESTIMATED TOTAL	7231.91

Ken Burda

AUTHORIZATION _____ TITLE _____ DATE _____

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