

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



416 Main Street
P.O. Box 225
Victoria, KS 67671
Office (785) 639-3949
24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
10/19/2022	0757

Please Pay from this Invoice.
Remit Payment to:
416 Main Street PO BOX 225
Victoria, KS 67671
Billing Questions-Call Tianna at
(785) 639-3949
Email: franksoilfield@yahoo.com

KCC License Number
35469

Bill To
Darrah Oil Will Darrah 125 N. Market St Suite 1425 Wichita, KS 67202

County/State	Lease/Well#	Terms	Job Type
Osborne County, KS	Hoopes 1-11	Net 30	PTA

Description	Quantity	Rate	Amount
Pump Charge	1	1,500.00	1,500.00
Mileage	38	6.50	247.00
11.76 tons at 38 miles	446.88	1.50	670.32
60/40 4% gel 1/4# floreal	240	16.75	4,020.00T
8-5/8 Wooden Plug	1	165.00	165.00T
Discount		-330.11	-330.11
<p><i>Thank you!</i></p>			

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

Subtotal \$6,272.21

We appreciate your business and look forward to serving you again!

Sales Tax (6.5%) \$258.42

Balance Due \$6,530.63

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

TICKET NUMBER 0757
LOCATION Victoria
FOREMAN Tam Williams

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-19-22	35665	Hoopes # 1-11	11	10	14	Osborne
CUSTOMER Dorrah Oil Company LLC						
MAILING ADDRESS 125 N Market Suite 1425						
CITY Wichita	STATE KS	ZIP CODE 67202				

TRUCK #	DRIVER	TRUCK #	DRIVER
102	Tom W		
201	Chase M		

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 South Wind - plug as ordered*

1) 1150' 505x
2) 725' 1005x
3) 275' 305x
center 105x w/ plug
BH 305x

2405K

Thanks Tom & Chrissie

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PLO05	1	PUMP CHARGE PTA	\$1500 ⁰⁰	\$1500 ⁰⁰
M001	38	MILEAGE	\$6 ⁵⁰	\$247 ⁰⁰
M002	11.74 tons	Ten Mileage Delivery	\$670 ³²	\$670 ³²
CBOIO	240 SY	60/90 49 gal 1/4" Hoseal	\$16 ⁷⁵	\$4020 ⁰⁰
FEOSS	1	8 3/8" Wooden Plug	\$165 ⁰⁰	\$165 ⁰⁰
			sub total	\$6,602 ³²
			less 5% disc.	\$330 "
			subtotal	\$6,272 ³²
			Sales Tax	258.42
			ESTIMATED TOTAL	6530.63

AUTHORIZATION	<i>h/ony Kovacs</i>	TITLE	DATE
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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.