KOLAR Document ID: 1764018

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 #			l API No.	15 -				
Address 1:			I .	•	Twp S. R East West			
				Feet from				
City:	State:	Zip: +		Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:				
Contact Person:			Footage					
Phone: ()				□ NE □ NW	SE SW			
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.				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)				
De	pth to Top:	Bottom: T.D	""	Plugging Commenced:				
De	pth to Top:	Bottom:T.D	——— Plugging	g Completed:				
Show depth and thickness	ss of all water, oil and gas	formations.						
Oil, Gas or V	Water Records		Casing Record (Su	asing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
		plugged, indicating where the muter of same depth placed from (but it is a first from the muter of same depth placed from (but it is a first from the muter of same depth placed from the same depth placed from the muter of same depth placed from the same depth placed from t	·		ods used in introducing it into the hole. If			
Plugging Contractor Lice		_ Name:	ə:					
Address 1:			_ Address 2:					
City:			State:					
Phone: ()								
Name of Party Responsil	ble for Plugging Fees:							
State of	Cou	unty,	, SS.					
	(Print Na	ma)	E	mployee 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.

aupplies or materials, or the results of any FOS' treatment or e

d supplying of materials, Customer agrees to the following ses, equipment and products and for the performance of

ation of the prices to be charged for Franks Oilfield Service

NKS Oilfield Service

♦ Office Phone (785) 639-3949

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

◆ Email: franksollfield@yahoo.com

TICKET NUMBER LOCATION Hoxin FOREMAN _ Sout Tall

enombno

FIELD TICKET & TREATMENT REPORT CEMENT

DATE C	USTOMER #	WELL NAME & NUM	MBER	SECTION	TOWNSHIP	RANGE	
1-24-24 CUSTOMED	35415	Parsone Com		6	21	21	1
CUSTOMER MAILING ADDRESS CITY DOB TYPE CASING DEPTH SLURRY WEIGHT DISPLACEMENT REMARKS:	54541 54541 0 5 2) 8 5) 51	ARPADO ANOS III 750 17 Shed STETT STATE ZIP CODE CO 8020 Z HOLE SIZE DRILL PIPE	HOLE DEPTH TUBING WATER gal/sk MIX PSI D. 4/		CASING SIZE & WE	TRUCK #	

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		
Med	1M 10.24 tons	PUMP CHARGE PTA MILEAGE	UNIT PRICE	то
CADIO CADS	230 SX	Class A Hagel 1/4 " Flower)		
		Delf.		
	And the second second			
		HEROTOPIC STREET, STRE		
		The last transfer of transfer of the last transfer		