

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



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

Invoice

Date	Invoice #
2/27/2024	1184

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
Adelaide Energy, LLC 412 W Platte Ave Fort Morgan, CO 80701

County/State	Lease/Well#	Terms	Job Type
Lane County, KS	Mulvell Lawrence 2...	Net 30	OHP

Description	Quantity	Rate	Amount
Pump Charge	1	950.00	950.00
Mileage	65	6.50	422.50
12.83 tons at 65 miles	833.95	1.50	1,250.93
60/40 4% gel 1/4# floreal	295	17.35	5,118.25T
Cotton Seed Hulls	200	1.00	200.00T
Salt	100	0.50	50.00T
Discount		-399.58	-399.58

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$7,592.10
<i>We appreciate your business and look forward to serving you again!</i>	Sales Tax (7.5%)	\$382.49
	Balance Due	\$7,974.59

FRANKS Oilfield Service

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

TICKET NUMBER 1184
 LOCATION Hoxie
 FOREMAN Tom Williams

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
02-27-24		Mulvett Lawrence 21-23				lane																
CUSTOMER <u>A delride</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>193</td> <td>Tom W</td> <td></td> <td></td> </tr> <tr> <td>21301</td> <td>Conrad D</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Jack T</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	193	Tom W			21301	Conrad D				Jack T		
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CITY	STATE	ZIP CODE																				

JOB TYPE old Hole plug HOLE SIZE 5 1/2" HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2" 8 3/4"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: set up on well. Mix 50 sy with 200lbs hulls. put
a 39 Bbl water spacer, then continued mixing 225 sy + pump
up to 450 on casing. shut in & tied on to annulus. VSS & pressure
to 300 psi. Release pressure. Put hose to pit & released pressure
on casing. put another 50 sy down casing. Washed up & salted TAC
truck. Rode up more AT

Thanks Tom & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
pu001	0HP	PUMP CHARGE	\$950.00	\$950.00
mo01	6.5	MILEAGE	\$66.50	\$422.50
mo02	12.83 tons	Tom Mileage Dalsberg	\$1250.92	\$1250.92
CB019	295 sy	60/40 480 gal 1/4" #10 steel	\$17.35	\$5,118.25
CP016	200 lbs	cotton seed hulls	\$1.00	\$200.00
CP005	100 lbs	salt	\$0.50	\$50.00
			sub total	\$7,991.67
			less 5% disc.	\$399.58
			sub total	\$7,592.09
			SALES TAX	382.49
			ESTIMATED TOTAL	7974.59

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.