KOLAR Document ID: 1773335

**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 APIN	o. 15 -			
OPERATOR: License #:				Spot Description:			
Address 1:				•	wp S. R East West		
				Feet from			
City:	State:			Feet from	East / West Line of Section		
		· 		Footages Calculated from Nearest Outside Section Corner:			
Phone: ( )				NE NW	SE SW		
Type of Well: (Check one) Use Water Supply Well Supply	Other: Gas S  No If not, is w  All (If needed attach anoth	Storage Permit #:	Lease Date V No The pl	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced:			
Depth to	o Top: Bot	tom: T.D	1 00	Plugging Completed:			
Depth to	o Top: Bot	tom:T.D		ing Completed.			
Show depth and thickness of	all water, oil and gas for	mations.					
Oil, Gas or Wate			Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		gged, indicating where the mu of same depth placed from (bu			ds used in introducing it into the hole. If		
Plugging Contractor License		_ Name:	ne:				
Address 1: Address							
City:			State:		Zip:+		
Phone: ( )							
Name of Party Responsible for	or 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.

## FRANKS Oilfield Service ♦ 815 Main Street Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269

- 1209 TICKET NUMBER FOREMAN Tam Willsams

- Office Phone (785) 639-3949
- ♦ Email: franksoilfield@yahoo.com

## FIELD TICKET & TREATMENT REPORT

FIELD TICKET & TREATMENT TO								
CEMEN	T	TOWNSHIP	RANGE	COUNTY				
DATE CUSTOMER# WELL NAME & NUMBER	SECTION	8	33 W	Thomas				
DATE 000 0 0 1/1/0	22	0	Marie Lawrence Co.	DRIVER				
CHETOMER	TRUCK #	DRIVER	TRUCK #	DRIVER				
CUSTOMER ARP	103	TomW						
MAILING ADDRESS	2-301	CONNE D						
STATE ZIP CODE	202	305H	1-2					
CITY	203	Chris K	C'4'	1 8 3/50				
HOLE SIZE HOLE DEPT		CASING SIZE & V	VEIGHT 3 M					
JOB TYPE OFF TURING			OTHER					
WATER CALL	sk	CEMENT LEFT in	CASING					
		RATE	(	/				
DISPLACEMENT DISPLACEMENT Set 10	n dell	Plug 45	000000					
DISPLACEMENT PSI MIX PSI  REMARKS: 50 Fets metting + 500 up o								
	s you hall			The state of the s				
	3 40011011	THE SAME SHARE	SAN DAMES OF					
2) 3550' 1000 lbs get	and the same of th	LOW DOWNSON	CHE HOLLINGS.					
3) 2750° 1305x 200 hulls	4.116							
4) 1400' circulox 155 54 100	15 1016	roment						
Top of 51/2 With 3554, annul	15 1992		AND A PERSON	NAME OF STREET				
	Maria I Capitalian	THE PERSON NAMED IN	STATISTICS.	a telephone de la company				
	Marian Maria							

MOO I	18,69 toB	MILEAGE Too Mileage Delivery		
CB0/0 CP00 3	129 1000 165	60/40 490gel 14# Flosocl		
CP016	500 165	cotten seed holls		
				100
			SALES T ESTIMAT TOTA	TED

DATE\_ TITLE