KOLAR Document ID: 1790093

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 #:				API No.	15			
Name:				Spot Description:				
Address 1:				Sec Twp S. R East Wes				
Address 2:				Feet from North / South Line of Section				
City: State: Zip: +				Feet from East / West Line of Section				
Contact Person:				Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)		OG D&A Cathodi SWD Permit #:		,		 		
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)		
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:			
Depth to	Top: Botto	m: T.D		00 0				
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water	Records		Casing Re	ing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If		
Plugging Contractor License #:			Name:					
Address 1:			Address 2:	:				
City:			;	State:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _			, ss.				
	<i>3</i> , –			_	implayed of Oneroter -	Operator on obeyed decertibed		
	(Print Name)			E	imployee 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

• Office Phone (785) 639-3949

Email: franksoilfield@yahoo.com

TICKET NUMBER	1295
LOCATION Howir	
FOREMAN SULT	

DATE_

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL	. NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
7-31-24		Nickelson 423		23	115	33 W	Lezen	
CUSTOMER								
j j	LD Drilling	Inc.] [TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				103	CK			
					2	37		
CITY		STATE	ZIP CODE					
JOB TYPE OHF HOLE SIZE HO			HOLE DEPTH		CASING SIZE & WEIGHT 5 2 1			
CASING DEPTH DRILL PIPE		TUBING Z 75"		OTHER				
SLURRY WEIGHT 14# SLURRY VOL				CEMENT LEFT in CASING				
DISPLACEMENT DISPLACEMENT PSI		MIX PSI	PSI RATE					
REMARKS: 5	Chi martia	Set un E pl	meet as no	dered.				
	7	1-2 Oh : L	71	300000000			Ti .	
	1) 4250	25×	300#5 hull	5				
		1900#						
		125 SK						
		125% 5						
5) 20 cx 10 8 15" 50 sx to top off								
395 total 3x								
			10101 2	Pr.				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PCDOI	1	PUMP CHARGE	\$ 05000	\$ 95000
mod	48	MILEAGE	\$ 6,50	\$312 CD
MODE	17.57	too mileage delicery	1/265-04	\$120500
CPRIC	395 %	Class A 60/10 49 gel	4/7 35	76853 ZS
CPOil-	550 ibs	Cotton Scalinsk	4/00	4550° 43
			Sek Tatel	49,930 Z9
		1000	Sto disc	1.491, 51
			selimentel	£9,43372
	2.000			
			SALES TAX	562.65
			ESTIMATED TOTAL	9996.43

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.

TITLE _____