

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

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 1349
 LOCATION Horie
 FOREMAN Jack

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-9-24	35695	Frank #35	35	9	24	Graham
CUSTOMER ARP Operating LLC			TRUCK #		DRIVER	
MAILING ADDRESS 730 17th ST STE 715			103		JT	
CITY Denver			201		CK	
STATE CO						
ZIP CODE 80202						

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 8 1/2" 23#
 CASING DEPTH 222' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14,84 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on Duke 4. Circulated mud, mixed up & mixed. Displaced w/ 13.16 BBL & shut in. Had cement to pit. Thank you!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC002	1	PUMP CHARGE <u>Surface</u>	\$1150 ⁰⁰	\$1150 ⁰⁰
M004	310	MILEAGE	\$750	\$234 ⁰⁰
M002	8.63 ton	ton mileage delivery	\$600 ⁰⁰	\$600 ⁰⁰
CR004	1755V	Class A 3% ^{CC} 2% gel	\$25 ⁵⁰	\$4462 ⁵⁰
			sub total	\$6,446 ⁵⁰
			less 5% disc.	\$322 ³²
			sub total	\$6,124 ¹⁸
			SALES TAX	317.95
			ESTIMATED TOTAL	6442.13

AUTHORIZATION Hector Torres 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.

FRANKS Oilfield Service

◆ 416 Main St., P.O. Box 225, Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269
 ◆ Office Phone (785) 639-3949 ◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 1354
 LOCATION Hoxie
 FOREMAN Seck

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-25-24	35695	Gano #1-35	35	9	24	Graham
CUSTOMER ARP Operating, LC			TRUCK #		DRIVER	
MAILING ADDRESS 730 17th ST STE 715			103		Josh	
CITY Denver			203		JT	
STATE CO		ZIP CODE 80202				

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting ; sat up on Duke 4. Paged as ordered.

- 1) 240' w/ 50 sk
 - 2) 1000' w/ 100 sk
 - 3) 270' w/ 50 sk
 - 4) 40' w/ 10 sk RH 30 sk
- 240 sk total

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>P005</u>	<u>1</u>	<u>PUMP CHARGE PTA</u>	<u>\$1500.00</u>	<u>\$1500.00</u>
<u>M001</u>	<u>50</u>	<u>MILEAGE</u>	<u>\$6.50</u>	<u>\$325.00</u>
<u>M002</u>	<u>10.68 ton</u>	<u>ton mileage delivery</u>	<u>\$80.00</u>	<u>\$801.00</u>
<u>CB012</u>	<u>240 sk</u>	<u>Class A 60/40 4 1/2" 95' 1/4 # flow ad</u>	<u>\$17.35</u>	<u>\$4164.00</u>
			<u>sub total</u>	<u>\$6,790.00</u>
			<u>less 5% disc.</u>	<u>\$339.50</u>
			<u>sub total</u>	<u>\$6,450.50</u>
			SALES TAX	<u>296.69</u>
			ESTIMATED TOTAL	<u>6747.19</u>

AUTHORIZATION Heber Jorner TITLE _____ DATE _____

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