KOLAR Document ID: 1799885

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 -				
				Spot Description:				
Address 1:				Sec Twp S. R East West				
				Feet from North / South Line of Section Feet from East / West Line of Section				
City:	State:							
		· 		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	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 #: Na				:				
Address 1: Address				; 2:				
City:			State:		Zip:+			
Phone: ()								
Name of Party Responsible for	or Plugging Fees:							
State of	County	,	, SS.					
			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 Oilfi ld Service

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

♦ Office Phone (785) 639-3949

♦ Email: franksoilfield@yahoo.com

KET NUMBER	1200
LOCATION HOX	-6
FOREMAN TOM	Williams

1220

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER			SECTION	TOWNSHIP	RANGE	COUNTY
7-17-24		Barris	Klow	1-33	33	20	22	DE55
CUSTOMER MAILING ADDRI	ARP				108 2-301	Chris K	TRUCK #	DRIVER
CITY		STATE	ZIP CODE		2 301	Tom W		
CASING DEPTH SLURRY WEIGH DISPLACEMENT	г	DRILL PIPE SLURRY VOL DISPLACEMENT	PSI	TUBING WATER gal/s	k	CEMENT LEFT in C	OTHER	
REMARKS: 5	asity m	reeting i	- set	upon	Well	Plug as	andered	
2) 1400 Top 0	J 2	50 sx 0 sx a	innulus	- 55%		acnks T	om the	w
ACCOUNT CODE	QUANTITY	or UNITS	DI PUMP CHARC		f SERVICES or PRO	ODUCT	UNIT PRICE	TOTAL
mool mao2 CB010 CP016	70 19 22 20	01 kms	MILEAGE		Peliver	to sal		
								-
								,
							SALES TAX ESTIMATED TOTAL	
UTHORIZATIO	N			TITLE			DATE	