KOLAR Document ID: 1801312

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 #:	I API No.	15 -				
Name:		Spot Description:				
Address 1:	'	SecTwp S. R EastWest Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:				
Address 2:						
City:	+					
Contact Person:	Footage					
Phone: ()		□ NE □ NW	SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yeroducing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D.	Lease N Date We The plug by:	County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)				
Depth to Top: Bottom: T.D.		Plugging Commenced: Plugging Completed:				
Depth to Top: Bottom:T.D.		g Completed				
Show depth and thickness of all water, oil and gas formations.						
Oil, Gas or Water Records	Casing Record (Su	sing 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 to the cement or other plugs were used, state the character of same depth placed from the	·		ods used in introducing it into the hole. If			
Plugging Contractor License #:	Name:	:				
Address 1:	Address 2:	3 2:				
City:	State:					
Phone: ()						
Name of Party Responsible for Plugging Fees:						
State of County,						

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

♦ 416 Main St., P.O. Box 225, Victoria, KS 67671 ♦ 24 Hour Phone (785) 639-7269

♦ Office Phone (785) 639-3949

♦ Email: franksoilfield@vahoo.com

TICKET NUMBER_	1591
LOCATION Hoxi	
FOREMAN DE	

FIELD TICKET & TREATMENT REPORT CEMENIT

				CEIMEIA				
DATE	CUSTOMER #	WELL	NAME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY
10-24-24	33268	Breeden	48					Sheridan
CUSTOMER		1						
MAILING ADDRE	KL Investig	nest LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
WAILING ADDITE	_55					CK		
CITY		STATE	ZIP CODE			Josh		
			2 0002					
JOB TYPE()	II.D	LIOLE CIZE		LIOUE DEDTI		CASING SIZE & W	VEIQUE 51/	1
	11	DRILL PIPE		HULE DEPTE	3/4 (1	CASING SIZE & W	OTHER	
	T_/3.8#	SLUBBY VOI		MATER gal/el		CEMENT LEFT in		
	1 - 7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2							
			THE RESERVE TO SERVE THE PARTY OF THE PARTY					
	Safety Me	0 3	P. Preggre	A UN STEPE		AND DESIGNATION		
	1) 78	70' 805	w/ 40	at bulls				The same of the same of
		200' 85 52	The second secon					
		500' 80 sx		0 th hulls				
		THE PARTY OF THE P		No. 1 The Property of the Party	1 140 5	F ROOT'S	hills	
						off w/2		
				total	, , , , , , , , , , , , , , , , , , , ,			
					Then	k you	ELECTIVE CONTRACTOR	
ACCOUNT CODE	QUANTITY	or UNITS	DE	SCRIPTION of	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
PCOOL	1		PUMP CHARG	E OHP				
MODI	14		MILEAGE					
MAZ	20.47		ton mi	leage deli				
CBOIO	455 sx		Class A	60/40	48 41 41	+ flowseal		
CPOILO	1100 #s		Cotton so	ecd hulls				
	HE WALLEY H							
	THE PARTY OF THE P							
								Market Sales (Market Sales)
			THE STATE OF					
								ASSESSED IN
							SALES TAX	
	20	1 M					ESTIMATED TOTAL	
UTHORIZATION	Pal	1///		TITLE			DATE	
	1///	V 1/			No. of the last of			

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.