

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



416 Main Street
 P.O. Box 225
 Victoria, KS 67671

Office (785) 639-3949
 24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
4/6/2025	1464

Please Pay from this Invoice.
 Remit Payment to:
 416 Main Street PO BOX 225
 Victoria, KS 67671
 Billing Questions-Call Tianna at
 (785) 639-3949
 Email: franksoilfield@yahoo.com

KCC License Number
 35469

Bill To
Shakespeare Oil Company, Inc. 202 W. Main St. Salem, IL 62881

RECEIVED
 APR 22 2025

County/State	Lease/Well#	Terms	Job Type
Gove County, Kansas	Bland Comm #1-26	Net 30	Surface

Description	Quantity	Rate	Amount
Pump Charge	1	1,150.00	1,150.00
Mileage	30	6.50	195.00
Ton Mileage (min.)	1	600.00	600.00
Surface Blend	175	25.50	4,462.50
Discount		-320.38	-320.38

502.5 g

Thank you.

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

Subtotal \$6,087.12

We appreciate your business and look forward to serving you again!

Sales Tax (8.5%) \$360.35

Balance Due *DW* \$6,447.47

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 1464
 LOCATION Hoxie
 FOREMAN Jade

FIELD TICKET & TREATMENT REPORT CEMENT

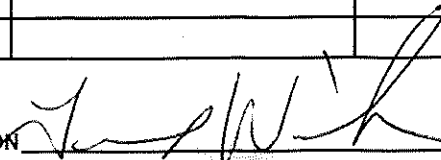
DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
4-6-25	7311	Bland Comm # J-26	26	12	29	Greene			
CUSTOMER Shakespeare Oil Co., Inc		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS 202 W Main St		103		CK					
CITY Salem		STATE IL		ZIP CODE 62881		201		JT	

JOB TYPE Surface HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8" 23#
 CASING DEPTH 237' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 15.1862 DISPLACEMENT PSI 300 MIX PSI _____ RATE 4.5 BBL/min

REMARKS: Safety meeting & set up on Southwind. Mixture displaced & shut in. Had cement to pit

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PCC02	1	PUMP CHARGE <u>Surface</u>	\$1150 ⁰⁰	\$1150 ⁰⁰
M001	30	MILEAGE	\$6 ⁵⁰	\$195 ⁰⁰
MED2	8.66	tax mileage delivery	\$600 ⁰⁰	\$600 ⁰⁰
CB004	175 <u>oz</u>	Class A 3866 2% gel	\$25 ⁵⁰	\$4412 ⁵⁰
			sub total	\$6,407 ⁵⁰
			less 5% disc.	\$320 ³⁷
			sub total	\$6,087 ¹³
			SALES TAX	360.35
			ESTIMATED TOTAL	6447.47

AUTHORIZATION  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.



416 Main Street
 P.O. Box 225
 Victoria, KS 67671
 Office (785) 639-3949
 24 Hour Service Line (785) 639-7269

Invoice

Date	Invoice #
4/16/2025	1473

Please Pay from this Invoice.
 Remit Payment to:
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 Victoria, KS 67671
 Billing Questions-Call Tianna at
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 Email: franksoilfield@yahoo.com

KCC License Number
 35469

RECEIVED
 MAY 06 2025

Bill To
Shakespeare Oil Company, Inc. 202 W. Main St. Salem, IL 62881

County/State	Lease/Well#	Terms	Job Type
Gove County, KS	Bland Comm #1-26	Net 30	PTA

Description	Quantity	Rate	Amount
Pump Charge	1	1,500.00	1,500.00
Mileage	34	6.50	221.00
10.8 tons at 34 miles	367.2	1.75	642.60
60/40 4% gel 1/4# floseal	240	17.35	4,164.00T
8-5/8 Wooden Plug	1	165.00	165.00T
Discount		-334.63	-334.63

502-17 89

Thank-you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.

Subtotal \$6,357.97

We appreciate your business and look forward to serving you again!

Sales Tax (8.5%) \$349.57

Balance Due *DW* \$6,707.54

FRANKS Oilfield Service

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

TICKET NUMBER 1473
 LOCATION Flare
 FOREMAN Cornor

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
4-16-25		Blant Comm #1-26	26	12	29	Gove			
CUSTOMER Shakespeare Oil Co. Inc.		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS 202 W Main St.		103		Josh T.					
CITY Salem		201		Cornor					
STATE IL									
ZIP CODE 62881									

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

REMARKS: Safety meeting to set up on Blant-Comm #1-26,
plugged as ordered.

- 1) 50sx @ 2230'
 - 2) 100sx @ 1260'
 - 3) 50sx @ 290'
 - 4) 10sx @ 40' (w/wiper plug)
- RH: 30sx Total: 240sx

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC005	1	PUMP CHARGE <u>PTA</u>	\$1500.00	\$1500.00
M001	34	MILEAGE	\$6.50	\$221.00
M002	10.8 tons	Tran Mileage Delivery	\$61.42	\$614.20
CBG10	240 sx	60/40 4% gel 1/4" # Flo-scal	\$17.35	\$4164.00
FR055	1	8 1/4" wooden plug	\$165.00	\$165.00
			sub total	\$6119.60
			less 5% disc.	\$334.03
			sub total	\$5785.57
			SALES TAX	349.57
			ESTIMATED TOTAL	6107.54

AUTHORIZATION _____ TITLE _____ DATE _____

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