

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 #
12/10/2025	1659

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
Bach Oil Production Inc. P.O. Box 723 Alma, NE 68920-0723

County/State	Lease/Well#	Terms	Job Type
Rooks County, KS	Stamper F3	Net 30	OHP

Description	Quantity	Rate	Amount
Pump Charge	1	950.00	950.00
Mileage	65	0.00	0.00
21.38 tons at 65 miles	1,389.7	1.50	2,084.55
60/40 4% gel	475	16.60	7,885.00T
Cotton Seed Hulls	200	1.00	200.00T
Gel	1,500	0.30	450.00T
Salt	100	0.50	50.00T
Discount		-1,161.95	-1,161.95

Thank-you!

Accounts Due Net 10th. 1-1/2% Per Month on all Past Due Accounts. 18% Annual Rate.	Subtotal	\$10,457.60
We appreciate your business and look forward to serving you again!	Sales Tax (7.0%)	\$540.86
	Balance Due	\$10,998.46

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 1659
 LOCATION Hoxie
 FOREMAN Walt Dinkal

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-10-25		Stampar F3	29	85	17 ⁰⁰	Books
CUSTOMER <u>Bach oil</u>			STOCKTON South to Red R 4E N.S.			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			103	Josh		
STATE			4	Jack	Purple Truck	
ZIP CODE				Chris		

JOB TYPE OHP HOLE SIZE 7 7/8 HOLE DEPTH 3433' CASING SIZE & WEIGHT _____
 CASING DEPTH 3436 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Rig up Equipment, Run Tubing to 3200', Pump 10 BBL H₂O
Mixe 1500# bel Follow with 50 sks cement w 200# Hulls, Displace 6 BBL H₂O
Pull Tubing to 1400', mixed 300 sks cement, Circ up 5/8 casing, NO Blowout
Annulus. Pull Tubing out of Hole, Hook up to Annulus, mixed 100 sks cement,
Pressured to 300#, Top off with 25 sks cement

Thank You
 Walt & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC001	1	PUMP CHARGE 2 nd well	\$950 ⁰⁰	\$950 ⁰⁰
m001	6.5	MILEAGE	NIC	
m002	21.38	Truck Mileage Delivery	\$2084 ⁵⁵	\$2084 ⁵⁵
CB004	475- sks	60% par, 4% bel	\$16.60	\$7,885 ⁰⁰
CP016	200 #	Hulls	\$1.00	\$200 ⁰⁰
CP003	1500 #	bel	\$.30	\$450 ⁰⁰
CP005	100 #	salt	\$.50	\$50 ⁰⁰
			sub total	\$11,619 ⁵⁵
			less 10% disc.	\$1,161 ⁹⁵
			sub total	\$10,457 ⁶⁰
			SALES TAX	540.86
			ESTIMATED TOTAL	10998.46

AUTHORIZATION Aray Nixon 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.