

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.

(Print Name) ☐ 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.

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 #
12/12/2025	1663

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 A3	Net 30	OHP

Description	Quantity	Rate	Amount
Pump Charge	1	950.00	950.00
Mileage	65	6.50	422.50
14.4 tons at 65 miles	936	1.50	1,404.00
Medium Truck Mileage	65	1.50	97.50
60/40 4% gel	320	16.60	5,312.00T
Cotton Seed Hulls	200	1.00	200.00T
Salt	100	0.50	50.00T
Discount		-843.60	-843.60

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

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

Subtotal \$7,592.40

Sales Tax (7.0%) \$350.41

Balance Due \$7,942.81

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 1663
LOCATION Hoxie
FOREMAN Walt Dinkels

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-12-25		Stamper A #3	32	85	17 ^W	Rooks
CUSTOMER <u>Back oil</u>		Stackton South to R&R				
MAILING ADDRESS		45 S/S				
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
			103	Josh		
			2-	Connor	Purple Trk	

JOB TYPE OHP HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" 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, 1610' Hook up to Tubing, mixed 100 SKs Cement, ~~Displaced~~ With 100# Halls, Displace w/ BR H₂O, Pull up to 1100' mix 100 SKs cement Lost Circ, Pull to 500', mix 60-SKs cement w/ 100# Halls Pumped 50 SKs cement Down Annulus, Pressure to 300# Pull Tubing out of Hole Top OFF W 10 SKs cement

Thank You
Walt & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PC001	1	PUMP CHARGE	\$950 ⁰⁰	\$950 ⁰⁰
M001	6.5	MILEAGE	\$65 ⁰⁰	\$422 ⁵⁰
M002	14.4	Ten Mileage Delivery	\$1404 ⁰⁰	\$1404 ⁰⁰
M004	6.5	Pick-up mileage	\$150 ⁰⁰	\$97 ⁵⁰
CB009	320 800 SKs	60/40 gm, 40% bel	\$16 ⁴⁰	\$5312 ⁰⁰
CP016	200 #	Halls	\$1 ⁰⁰	\$200 ⁰⁰
CP005	100"	set	\$5 ⁰⁰	\$500 ⁰⁰
			sub total	\$8436 ⁰⁰
			less 10% disc.	\$8436 ⁰⁰
			sub total	\$7,592 ⁴⁰
			SALES TAX	350.41
			ESTIMATED TOTAL	7942.81

AUTHORIZATION Amy 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.



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