

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

Form	CP4 - Well Plugging Record
Operator	Vincent Oil Corporation
Well Name	EVERS 4
Doc ID	1912143

Producing Formations

Formation	Top	Bottom	Total Depth
Herrington	1677	1680	
Winfield	1725	1735	
Toronto	2255	3101	
LKC	3190	3349	



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

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

Invoice

Date	Invoice #
2/13/2026	1693

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
Vincent Oil Corp. 200 W Douglas Ave Ste 725 Wichita, KS 67202-3023

County/State	Lease/Well#	Terms	Job Type
Barton County, KS	Evers #4	Net 30	OHP

Description	Quantity	Rate	Amount
Pump Charge	1	950.00	950.00
Mileage	50	6.50	325.00
17.1 tons at 50 miles	855	1.50	1,282.50
60/40 4% gel	380	16.60	6,308.00T
Cotton Seed Hulls	500	1.00	500.00T
Salt	100	0.50	50.00T
Discount		-941.55	-941.55

Thank you!

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

Subtotal \$8,473.95

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

Sales Tax (7.5%) \$462.92

Balance Due \$8,936.87

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 1693
 LOCATION Vic Mining
 FOREMAN Connor

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2/13/26		Evers #4	24	19S	14W	Beckton	
CUSTOMER Vincent Oil Corp		TRUCK # 103		DRIVER Connor		TRUCK # 4/301	
MAILING ADDRESS		DRIVER Josh					
CITY	STATE	ZIP CODE					

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & set up on Evers #4. Plugger as ordered.
 1) 100sx w/ 200# hulls @ 3125'
 2) 100sx w/ 200# hulls @ 2275'
 3) 100sx w/ 100# hulls @ 1425'
 4) 70sx @ 575'; circulated cement to surface, TOH w/ 10 sx.

Total: 380sx Thanks, Connor & Josh

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
PL001	1	PUMP CHARGE OHP	\$950.00	\$950.00
M001	50	MILEAGE	\$6.50	\$325.00
M002	17.1 tons	Ton Mileage Delivery	\$1282.50	\$1282.50
CB009	380sx	60/40 4% gel	\$16.60	\$6,308.00
CP016	500#	Cottonseed Hulls	\$1.00	\$500.00
CP005	100#	Salt	\$4.50	\$450.00
			sub total	\$9,415.50
			less 10% disc.	\$941.55
			sub total	\$8,473.95
			SALES TAX	462.92
			ESTIMATED TOTAL	8936.87

AUTHORIZATION [Signature] TITLE Production Sup 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.