

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

4/12/26 2264



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

Invoice

Date	Invoice #
3/17/2026	1710

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
Pioneer Operations, LLC 3014 Limestone CT Hays, KS 67601-9364

County/State	Lease/Well#	Terms	Job Type
Rooks County, KS	Fenton 1-A	Net 30	PTA

Description	Quantity	Rate	Amount
Pump Charge	1	1,500.00	1,500.00
Mileage	54	6.50	351.00
13.05 tons at 54 miles	704.7	1.50	1,057.05
60/40 4% gel 1/4# floreal	290	17.35	5,031.50T
8-5/8 Wooden Plug	1	165.00	165.00T
Salt	100	0.50	50.00T
Discount		-815.45	-815.45

Thank you!

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

Subtotal \$7,339.10

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

Sales Tax (7.0%) \$330.53

Balance Due \$7,669.63

◆ 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

1710

LOCATION

FOREMAN

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
3-17-26		Fenton #1-A	15	7S	17W	Pricks																
CUSTOMER Pioneer Operations			<table border="1"> <tr> <td>TRUCK #</td><td>DRIVER</td><td>TRUCK #</td><td>DRIVER</td></tr> <tr> <td>103</td><td>Leann D.</td><td></td><td></td></tr> <tr> <td>201</td><td>Josh T.</td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	103	Leann D.			201	Josh T.						
TRUCK #	DRIVER	TRUCK #					DRIVER															
103	Leann D.																					
201	Josh T.																					
MAILING ADDRESS 3014 Limestone CT																						
CITY Hays	STATE KS	ZIP CODE 67601																				

JOB TYPE <u>PTA</u>	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: <u>safety meeting to set up can for ton #1-A</u>			

REMARKS: Safety meeting to set up on Egan #1-A

Phase 1

1) 5000 @ 3340' present 3000 and

2) 50 x e 1250' / 1250'

3)	100%	750
4)	100%	275

5) 10% @ 40' w/ water also Timber / 4-16

RH: 308x

Total: 290 ✓

[illegible]

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.