

**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 # |
|-----------|-----------|
| 3/16/2026 | 1709      |

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                                                       |
| Falcon Exploration<br>100 S Main Ste 420<br>Wichita, KS 67202 |

122952

TC

| County/State    | Lease/Well#    | Terms  | Job Type |
|-----------------|----------------|--------|----------|
| Gray County, KS | Lanternman 1-8 | Net 30 | OHP      |

| Description        | Quantity | Rate    | Amount    |
|--------------------|----------|---------|-----------|
| Pump Charge        | 1        | 950.00  | 950.00    |
| Mileage            | 75       | 6.50    | 487.50    |
| 8.45 tons at miles | 633.75   | 1.50    | 950.63    |
| 60/40 4% gel       | 190      | 16.60   | 3,154.00T |
| Salt               | 100      | 0.50    | 50.00T    |
| Discount           |          | -559.21 | -559.21   |

52269 ✓

Thank you.

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!*

|                          |              |
|--------------------------|--------------|
| <b>Subtotal</b>          | \$5,032.92   |
| <b>Sales Tax (7.65%)</b> | \$220.60     |
| <b>Balance Due</b>       | \$5,253.52 ✓ |

# 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 1709  
LOCATION Hoxie  
FOREMAN Jack

## FIELD TICKET & TREATMENT REPORT CEMENT

| DATE            | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-----------------|------------|--------------------|---------|----------|-------|--------|
| 2-10-06         |            | Leakman #1-8       | 8       | 28S      | 30W   | Gray   |
| CUSTOMER        |            |                    | TRUCK # |          |       |        |
| MAILING ADDRESS |            |                    | DRIVER  |          |       |        |
| CITY            |            |                    | TRUCK # |          |       |        |
| STATE           |            |                    | DRIVER  |          |       |        |
| ZIP CODE        |            |                    |         |          |       |        |

JOB TYPE OHF HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5 1/2" 15.50  
CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING 2 3/8" OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting set up. Picked up material.

- 1) pressure up casing 8 1/2" w/ 10 sr 2 300 PSI
- 2) Circulated cement out 5 1/2" casing to pit w/ 150 Sr
- 3) topped off w/ 30 Sr

190 total ex

Thank you

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE          | TOTAL                 |
|--------------|-------------------|------------------------------------|---------------------|-----------------------|
| PUMP         | 1                 | PUMP CHARGE <u>OHF</u>             | \$950 <sup>00</sup> | \$950 <sup>00</sup>   |
| MILE         | 75                | MILEAGE                            | \$6.50              | \$487.50              |
| MILE         | 2.88              | for mileage delivery               | \$950 <sup>00</sup> | \$950 <sup>00</sup>   |
| CEMENT       | 190.5             | 60/40 4000                         | \$16.60             | \$3,154 <sup>00</sup> |
| CEMENT       | 100               | 5000                               | \$5.00              | \$500 <sup>00</sup>   |
|              |                   |                                    | sub total           | \$5,592 <sup>12</sup> |
|              |                   |                                    | less 10% disc.      | \$559 <sup>21</sup>   |
|              |                   |                                    | sub total           | \$5,032 <sup>91</sup> |
|              |                   |                                    | SALES TAX           | 220.60                |
|              |                   |                                    | ESTIMATED TOTAL     | 5253.52               |

AUTHORIZATION [Signature] 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.

