



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1031402
 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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Diversified Supply
21368 Earnest Road
Parker, KS 66072
913-898-6200

Do it Best - #3778
Avery Lumber
411 Main Street
Mound City, KS 66056

0807

CUSTOMER'S ORDER NO.

DEPT.

DATE

1-29-09

NAME

MIKE BECKER

ADDRESS

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE			
NAME		M. K. Becker		1-29-09			
ADDRESS							
CITY, STATE, ZIP							
SOLD BY		CASH	E.O.D.	CHARGE	ON ACCT.	MOSE RETD	PAID OUT
		<input checked="" type="checkbox"/>					
QUANTITY	DESCRIPTION	PRICE	AMOUNT				
1							
2							
3	30 BAGS PORTLAND	930	279 -				
4		TAX	17 58				
5							
6							
7			296 58				
8	Plaster		14 -				
9							
10							
11			310 58				
12							
13							
14							
15							
16							
17							
18							
19							
20							
RECEIVED BY							

SOLD BY		CASH	E.O.D.	CHARGE	ON ACCT.	MOSE RETD.	PAID OUT
		<input checked="" type="checkbox"/>					
QUAN.	DESCRIPTION	PRICE	AMOUNT				
1							
35	2 PORTLAND Cement	869	304 15				
40	3 FLYASH	659	263 60				
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
REC'D BY							

KEEP THIS SLIP FOR REFERENCE