



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

KANSAS CORPORATION COMMISSION 1161034
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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

CMI Gardner

790 E. Warren

Gardner, KS 66030

Phone : 913-856-8122 Fax : 913-856-8439

Invoice # 80823

Taken On : 02/15/2013 at 10:32 AM

Date Printed: 10/01/2013 at 03:28:03 PM

Sold To CASH SALE

Ship To CASH SALE

Tax Category : (12) Taxable Sales (8.875%)

Account Rep : (4) Alma White

Sales Clerk : (1) Mike Peterson

Account # 1545

Ordered By :

PO #

Qty Ord	Qty Ship	UOM	Item Number	Description	Unit Price	Extended
15	15	Each	P0000	PORTLAND TYPE 1 GRAY	10.7500	161.25

Cash :	\$175.80	Check :	\$0.00	Credit Card :	\$0.00	On Account :	\$0.00
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SubTotal :	\$161.25
Tax (8.875%)	\$14.55
Total :	\$175.80
Tendered :	\$175.80
Change Due :	\$0.00
Amount Due :	\$0.00

M Mallin well / Service 13577

(Operator # 6084)

CUSTOMER'S ORDER NO.

DEPARTMENT

DATE

2/22/2013

NAME

ADDRESS

CITY, STATE, ZIP

AT 2 Energy Operations

PO Box 124

Gardner, KS, 66630

SOLD BY

CASH

C.O.D.

CHANGE

ON ACCT.

MOSE. RETD.

PAID OUT

QUANTITY

DESCRIPTION

PRICE

AMOUNT

2/15

Thru lease: Plug ins well, Circulate 19 Sbs portland cement thru 1" pipe from 700' to surface

200

CR well Service - mix & water Truck

200 00

400 00

PAID

RECEIVED BY

A-5905
1-46320/46390

KEEP THIS SLIP FOR REFERENCE

01-11