

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

1162488

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.

(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

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

Avery Lumber

P.O. BOX 66
MOUND CITY, KS 66056
{913} 795-2210 FAX {913} 795-2194

Customer Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1

Invoice: **20037501**

Special :
Instructions :

Time: 15:28:49

Ship Date: 09/30/13

Invoice Date: 09/30/13

Sale rep #: **MAVERY MIKE**

Acct rep code:

Due Date: 09/30/13

Sold To: **CASH CUSTOMER - TAXABLE**

Ship To: **CASH CUSTOMER - TAXABLE**

() -

() -

Customer #: *9

Customer PO:

Order By:

popimg01

CASH
T 17

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
35.00	35.00	L	BAG	CPPC	PORTLAND CEMENT	10.8800 BAG	10.8800	380.80
1.00	1.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	17.00

AVERY LUMBER 3778
411 MAIN STREET
MOUND CITY, KS 66056
(913) 795-2210

Sale

Merchant ID: 542929800137788
Term ID: LK675977
09/30/13 13:39:09
Batch#: 000566 Inv #: 000007

VISA Entry Method: S
XXXXXXXXXXXX6117
Seq.#: 0007 Appr Code: 133793
Total:\$ 426.24

APPROVED

Customer Copy
THANK YOU!

V	426.24	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER		Sales total	\$397.80
		SHIP VIA	Customer Pickup				Taxable	397.80
		RECEIVED COMPLETE AND IN GOOD CONDITION			Non-taxable			
Total applied:	426.24	X					Tax #	Sales tax

TOTAL \$426.24

2 - Customer Copy