



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

KANSAS CORPORATION COMMISSION 1221110
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



DIY SUPPLY Ottawa #2107
 2204 S PRINCETON CIRCLE DR
 OTTAWA, KS 66067

PHONE: (785) 242-8200

CUSTOMER COPY

CUST NO: 901210 JOB NO: 000 PURCHASE ORDER: REFERENCE: TERMS: CASH/CHECK/BANKCARD CLERK: 9CJH DATE / TIME: 6/11/14 9:18

TERMINAL: 901

SOLD TO:
 UTAH OIL
 2394 UTAH RD

SHIP TO:
 GROTHER/STEVE

GRAND TOOL KS 66079
 785-241-3923

TAX: 090 OTTAWA SALES TAX

INVOICE: B70272

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PER	EXTENSION
1	35	35	EA	1290915	PORTLAND CEMENT 94LB MFG part# 1124-94		35	9.45 /EA	330.75

SV22
 + SV23

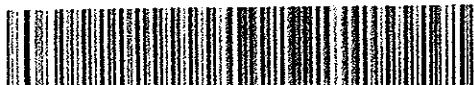
** PAID IN FULL **

323.72

TAXABLE	330.75
NON-TAXABLE	0.00
SUBTOTAL	330.75
TD DISCOUNT	-33.08

TAX AMOUNT 26.05

TOTAL	323.72
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BANKCARD PAYMENT
 BKCRD# XXXXXXXXXXXX1016

323.72

TOT WT: 3290.00
 MID: 000006618409

APP: 028921 XR: 170272

X _____
 Received By



DIY SUPPLY Ottawa
2204 S PRINCETON C
OTTAWA, KS 66

PHONE: (785) 242

Thank you for shopping at
DIY SUPPLY Ottawa #2107
(785) 242-8200

CUST NO: *9 JOB NO: 000 PURCHASE ORDER: REFERENCE: 1

SOLD TO:
**** CASH ****

SHIP TO:

901 SALE

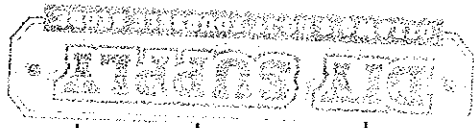
With your original receipt you may return the items to one of the store locations listed above within 30 days of original purchase for an exchange or refund. All merchandise must be unused in new condition with all packaging, parts, and original documentation included. Your refund will be made in the same form as the original payment, cash, check, or credit. If original payment was made by check, there will be a 30 day waiting period for the refund. Refunds in excess of \$100 may be refunded by check from our general office.

If however your purchase does not meet your needs, we offer the following return options:

Your Satisfaction Is Our Goal

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION
1	35	35	EA	1290915	PORTLAND CEMENT 94LB MFG part# 1124-94
2	2	2	EA	5040001	PALLET QUIKRETE MFG part# Q PALLET

Customer
SV22
+
SV23



** PAID IN FULL ** 403.19 TAXABLE 370.75
NON-TAXABLE 0.00
SUBTOTAL 370.75

TAX AMOUNT 32.44
TOTAL 403.19

BANKCARD PAYMENT
BKCRD# XXXXXXXXXXXXX0479

403.19



TOT WT: 3290.00
MID: 000006618409

APP: 027548 XR: 17027002

X
Received By

CMI - OTTAWA

113 East 1st

Ottawa, KS 66067

Phone : (785) 242-1572 Fax : (785) 242-0929

Invoice # 506101

Taken On : 06/11/2014 at 11:37 AM

Date Printed: 06/11/2014 at 11:37:41 AM

Sold To Cash Sale
113 E 1st
Ottawa KS 66067

ShipTo Cash Sale
113 E 1st
Ottawa KS 66067

Tax Category : (10) Taxable Sales (8.75%)

Account Rep : (1) Butch

Sales Clerk : (1) Butch

Account # 3077

Ordered By :

PO #

Qty Ord	Qty Ship	UOM	Item Number	Description	List Price	Unit Price	Extended
35	35	Each	P	PORTLAND 94# TYPE 1	12.66	10.9900	384.65
1	1	EA	QRP	QUICKRETE PALLETS	15.00	15.0000	15.00
1	1	Box	798568	8210 MASK,DUST & MIST	1.15	22.9900	22.99

SV22
*
SV23

Cash : \$0.00	Check : \$0.00	Credit Card : \$459.62	On Account : \$0.00
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Credit Card : XX2801

Thank You

SubTotal :	\$422.64
Discount :	\$0.00
Deposit :	\$0.00
Tax (8.75%) :	\$36.98
Shipping :	\$0.00
Total :	\$459.62
Tendered :	\$459.62
Change Due :	\$0.00
Amount Due :	\$0.00