



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

KANSAS CORPORATION COMMISSION 1221112
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 - OTTAWA

113 East 1st

Ottawa, KS 66067

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

CMI

113 E FIRST ST

OTTAWA KS 66067

785-242-1572

MERC # 0000001613465

TERM ID: 00073888 0001

6

PM Date Printed: 06/18/2014 at 02:42:04 PM

06/18/14

02:40P

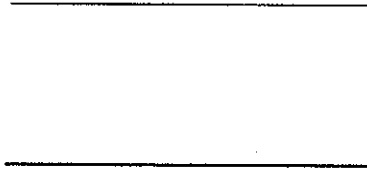
*****0479

U

EXP: *****

SALE REF#: 0006

BATCH# 049 AUTH# 034700



ShipTo

Cash Sale

113 E 1st

Ottawa KS 66067

AMOUNT \$434.62

s (8.75%)

Account # 3077

Ordered By :

PO #

APPROVED

CUSTOMER COPY

Item Number	Description	List Price	Unit Price	Extended
1	PORTLAND 94# TYPE1	12.66	10.9900	384.65
1	QUICKRETE PALLETS	15.00	15.0000	15.00

SV25

Cash :	\$0.00	Check :	\$0.00	Credit Card :	\$434.62	On Account :	\$0.00
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Credit Card : XX4700

Thank You

Sub Total :	\$434.62
Discount :	\$0.00
Deposit :	\$0.00
Tax (8.75%) :	\$34.97
Shipping :	\$0.00
Total :	\$434.62
Tendered :	\$434.62
Change Due :	\$0.00
Amount Due :	\$0.00



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

PHONE: (785) 242-8200

PAGE NO 1

CUSTOMER COPY

CUST NO: 901210 JOB NO: 000 PURCHASE ORDER:

REFERENCE:

TERMS: CASH/CHECK/BANKCARD

CLERK: 9JAR

DATE / TIME: 6/3/14 10:46

TERMINAL: 905

SOLD TO:
 UTAH OIL
 2394 UTAH RD

SHIP TO:
 SPRATT/LAURENCE

GRAND TOOL KS 66079
 785-241-3923

TAX: 090 OTTAWA SALES TAX

INVOICE: B67690

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PER	EXTENSION
1	35	35	EA	1290915	PORTLAND CEMENT 94LB		35	9.45 /EA	330.75
2	1	1	EA	5040001	MFG part# 1124-94 PALLET QUIKRETE MFG part# Q PALLET		1	20.00 /EA	20.00

** PAID IN FULL **

343.29

TAXABLE 350.75
 NON-TAXABLE 0.00
 SUBTOTAL 350.75
 TD DISCOUNT -35.08

TAX AMOUNT 27.62

TOTAL 343.29

BANKCARD PAYMENT
 BKCRD# XXXXXXXXXXXXX6558

343.29



TOT WT: 3290.00
 MID: 000006618409

APP: 011633 XR: 167690

X

Received By _____