

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1306//1

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 #:					API No. 15 -					
Name:					Spot Description:					
Address 1:					Sec Twp S. R East West					
Address 2:					Feet from North / South Line of Section					
City:					Feet from East / West Line of Section					
Contact Person:					Footages Calculated from Nearest Outside Section Corner:					
Phone: ()					☐ NE ☐ NW ☐ SE ☐ SW					
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	ounty.						
Water Supply Well	Other:	SWD Permit #:		-		Well #:				
ENHR Permit #:	rage Permit #:		Date Well Completed:							
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes		The plugging proposal was approved on: (Date)						
Producing Formation(s): List	All (If needed attach another	sheet)	b	by: (KCC District Agent's Name) Plugging Commenced:						
Depth to	o Top: Botto	m: T.D	_							
Depth to	o Top: Botto	m: T.D		Plugging Commenced:						
Depth to	o Top: Botto	m:T.D	'	luggiii	g completed.					
Show depth and thickness of	all water, oil and gas forma	ations.								
Oil, Gas or Wate	r Records		Casing Rec	ord (Si	urface, Conductor & Produc	tion)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top)) for ea	ach plug set.					
Plugging Contractor License #:										
Address 1:			Address 2:							
City:			S	tate: _		Zip:+				
Phone: ()										
Name of Party Responsible for	or Plugging Fees:									
State of	County, _		,	SS.						
(Print Name)				E	Employee of Operator or	Operator on above-described well,				

Submitted Electronically

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

"Transit Mixed Concrete"

BUILDERS CONCRETE AND SUPPLY, INC.

505 W. 1st, P.O. Box 225 Newton, KS 67114

Phone (316) 283-4540

IMPORTANT

We cannot be held responsible for damage caused by our trucks when delivering material beyond the curb line. Not responsible for quality of concrete if water is added by purchaser.

CAUTION: Freshly mixed cement, montar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementificous material gets into the eye, rinse immediately and repeatedly with water and get prompt medical attention.

KEEP OUT OF REACH OF CHILDREN

EXTRA CHARGE FOR EXCESS UNLOADING

TIME

SIGN HERE

RECEIVED ALL MATERIAL IN GOOD CONDITION

3778

		2 3 3 0 4 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			*	Marie Arrest Sci	
PLANT MIX NO. 5018	046	YARDS 5	TRUCK 23	TEMPERATURE	13:46	DATE 5	U/16 TICKET NO.
CUSTOMER NAME P	5 68°	and Ger	DELIVERY ADDRES Q CISES TUN [N-1/4	Name of 210 Name of	nor k	aw hi	la ro Le#/
SLUMP	Contracting the second second second	O18 OVG		YARDS ORDER	ED YARDS DE	LIVERED	LOADS DELIVERED
QUANTITY			ITEM			PRICE	AMOUNT
5 cy	S	018046					
	A.	el Chy		Thank	lon;	3.5	
strengths noted on o ous mixes, cured in does not exceed 4".	rders/invoices in labs or approve These cylinders	dance with ACI standar dicate cylinder strengths of d curing conditions whos were prepared/tested by of design will be at purchase	of previ- a slump in 30 days, interregularitied Rate 18%.)	eturned goods must be acco d payable 10th of following mo est charge 1 1/2% per month	nth. All accounts not paid	MDSE. TOTAL SALES TAX	
Extra water adde	ed	an established have	Gals.	and the second s	er i journe septembre per en	TOTAL AMT. DUE	