

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

1315496

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 Tw	vp S. R East West											
Address 2:				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													
									Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic C	County				
									Water Supply Well Other: SWD Permit #:				Lease Name: Well #:				
									ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed?								
Producing Formation(s): List	All (If needed attach another	sheet)	b	oy:		(KCC District Agent's Name)											
Depth to	o Top: Botto	m: T.D	_	Dluggir	na Commenced:												
Depth to	o Top: Botto	m: T.D		Plugging Completed:													
Depth to	o Top: Botto	m:T.D	'	luggiii	ig Completed.												
Show depth and thickness of	all water, oil and gas forma	ations.															
Oil, Gas or Water Records			Casing Red	ord (S	urface, Conductor & Produc	ction)											
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 #:			Name:														
Address 1:		······································	Address 2:														
City:			S	state: _		Zip:+											
Phone: ()																	
Name of Party Responsible for	or Plugging Fees:																
State of	County, _			, SS.													
(Print Name)					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

М

THE NEW KLEIN LUMBER COMPANY 201 W. MADISON P.O. BOX 805 IOLA, KS 66749 PHONE: (620) 365-2201

TRIPLE B CRUDE BOX 1

NEOSHO FALLS KS 66758

REH. CUST # 1859
TERMS: NET 10TH OF MONTH
P.O. # BRUNER 2 # PO #= BRUNER 2

> INV #
> DATE :
> CLERK:
> TERM # 190080 8/24/16 SE 553

TIME :11:20 *********

* INVOICE * *********

	position			7
<u> </u>		_	11	QUANTITY
7	L2		ĽА	MU
			rt C	
_	2 1 N			
_				ITEM
				K
** AMOUNT CHARGED TO ACCOUNT **		from RJ Enorgy LLC ste	FORTLAND CEMENT	DESCRIPTION
113.05		2		SUG. PRICE
TAXABLE NON-TAXABLE SUB-TOTAL TAX AMOUNT TOTAL INVOICE			9.45 /EA	PRICE/PER
103.95 0.00 103.95 9.10 113.05			103.95	EXTENSION

Received By