



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

KANSAS CORPORATION COMMISSION 1321514
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

"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, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious 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

PLANT	05	MIX NO.	H50180WG	YARDS	5	yd	TRUCK	29	TEMPERATURE		TIME	12:51	DATE	11/3/16	TICKET NO.	520412
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CUSTOMER NAME	TE-PE OIL & GAS CO BOX 522	DELIVERY ADDRESS	56 & DIAMOND N 290TH W 1/4 MILE N SIDE	CUST. PO NO.	
	<i>Scully #3-D Cement to plug top</i>			NOTES	

SLUMP	7.00 in	DESCRIPTION	50180WG	YARDS ORDERED	5	YARDS DELIVERED	5	LOADS DELIVERED	1
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QUANTITY		ITEM	PRICE	AMOUNT
5.00	yd	H50180WG		
1.00	ea	SURCHARG		

Thank You!

This concrete is designed in accordance with ACI standards. Mix strengths noted on orders/invoices indicate cylinder strengths of previous mixes, cured in labs or approved curing conditions whose slump does not exceed 4". These cylinders were prepared/tested by qualified technicians. Any water added to this design will be at purchaser's risk.

All claims and returned goods must be accompanied by this bill. All accounts due and payable 10th of following month. All accounts not paid in 30 days, interest charge 1 1/2% per month (An Annual Percentage Rate 18%.)

MDSE. TOTAL
SALES TAX
TOTAL AMT. DUE

bms

[Signature]