



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

KANSAS CORPORATION COMMISSION 1324846
 OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

MATERIAL ADDITIONAL

REPAIR ORDER

QUAN.	PART NO.	NAME OF PART	SALES AMOUNT	COST
60		Sacks Cement		600.00
56		sacks Cement trucking		560.00
				100.00

09426

Name L & G P. Tralcum

Address 1396 South Dakota Rd

Phone No. _____ Date 11-4-16

Odometer Reading _____ Serial No. _____

MAKE AND MODEL	LICENSE NO. AND STATE	MOTOR NO.
<u>Javelin 2C</u>	<u>2C</u>	

OPERATION NUMBER	INSTRUCTIONS	AMOUNT
	<p><input type="checkbox"/> LUBRI-CATE <input type="checkbox"/> CHANGE OIL <input type="checkbox"/> FLUSH TRANS <input type="checkbox"/> FLUSH DIFE <input type="checkbox"/> WASH <input type="checkbox"/> POLISH</p> <p><u>Break circulation and Pump to top</u></p> <p><u>Pump in 60 sack cement 600.00</u></p> <p><u>Clean pipe in roots for Cement Inside</u></p> <p><u>6. Back Pump 56 sacks 600.00 of Cement</u></p>	

ACCESSORIES	AMOUNT	F. S.	Total Labor
			<u>1200.00</u>
			<u>Total Parts 1260.00</u>
			<u>Environmental Charges</u>
			<u>Gas, Oil, Grease</u>
			<u>Accessories</u>
			<u>Tires, Tubes</u>
			<u>Outside Work</u>

TOTAL PARTS	AMOUNT	F. S.	TOTAL
	<u>1260.00</u>		<u>2460.00</u>
			<u>TAX 215.25</u>
			<u>TOTAL AMOUNT 2675.25</u>

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car, truck or vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car, truck or vehicle to secure the amount of repairs thereto.

Work Authorized by _____ Date Promised _____

Delivered to _____ Date Delivered _____

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