



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

KANSAS CORPORATION COMMISSION 1325247
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

Building Materials
 Farm & Ranch Supplies
 Structural Steel Products
 Hardware & Paint

GLEAVER

FARM & HOME

A Division of Cleaver Farm Supply, Inc.

2103 S. SANTA FE
 CHANUTE, KS 66720
 (620)431-6070

RETURN POLICY - within 30 days only -
 merchandise must be in saleable
 condition and accompanied by invoice.

No refunds on Special Order non-stock
 items

Account due 10th of month
 following purchase. 1 1/2%
 interest per month added for an
 annual percentage rate of 18%.

SOLD TO
 JOHN C. MEARS
 4100-240TH.

SHIP TO
 JOHN C. MEARS
 4100-240TH.

CHANUTE, KS 66720-9803
 431-2129

CHANUTE, KS 66720-9803
 431-2129



Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
M1478		NET 10TH	1586762	12/21/16	TD	1138369	12/21/16

ORDERED	BACKORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT
36	0	36	EA	CEMENT STANDARD TYPE 1 94LB MONARCH STD PALLET ?	11.650	419.40*
1	0	1	EA	PALLET BLOCKS & QUIK-CRETE PALLET	18.000	18.00

INVOICE

December 21, 2016 10:30:35 THOMAS DAVOLT

0 / 1

MERCHANDISE 437.40

 * INVOICE *

SHIP VIA	FILLED BY	CHK'D BY	DRIVER

OTHER 0.00

TAX 8.750% 36.70

10

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FREIGHT 0.00

TOTAL 474.10