

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

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## 1350642

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

Spot Description:   Spot	OPERATOR: License #:			AP	l No. 15	i			
State   Zip   Feet from   North /   South Line of Section   Street Feet from   Street From   Stree									
City:	Address 1:			_		Sec Tv	vp S. R	East	West
Contact Person:	Address 2:			_		Feet from	North /	South Line of	Section
Phone (	City:			_	Feet from East / West Line of Section				
Type of Wellt; (Check one)	Contact Person:			Fo	otages (	Calculated from Neare	st Outside Sed	ction Corner:	
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top:	Phone: ( )					NE NW	SE S	SW .	
Water Supply Well   Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	untv.				
ENIR Permit #:	Water Supply Well	Other:	SWD Permit #:		-				
As ACC-1 filed?	ENHR Permit #:	Gas Sto	orage Permit #:						
Depth to Top:	Is ACO-1 filed? Yes	No If not, is wel	l log attached? Yes			•			
Depth to Top:	Producing Formation(s): List /	All (If needed attach anothe	r sheet)	by:	:		(F	CC <b>District</b> Agent	's Name)
Depth to Top: Bottom: T.D. Plugging Completed:  Depth to Top: Bottom: T.D. Plugging Completed:  Depth to Top: Bottom: T.D. Plugging Completed:  Show depth and thickness of all water, oil and gas formations.  Oil, Gas or Water Records Casing Size Setting Depth Pulled Out  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 zeroent 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: Zip: +	Depth to	o Top: Botto	om: T.D						
Show depth and thickness of all water, oil and gas formations.  Oif, 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 sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  Zip:  +  Name:  Name of Party Responsible for Plugging Fees:  State of  County,  , ss.	Depth to	o Top: Botto	om: T.D						
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 zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  Zip:  +  Phone: ()  Name of Party Responsible for Plugging Fees:  State of County,, ss.	Depth to	o Top: Botto	om:T.D		igging C	ompieteu			
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Formation   Content   Casing   Size   Setting Depth   Pulled Out	Show depth and thickness of	all water, oil and gas form	ations.						
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Plugging Contractor License #: Name:	Formation	Content	Casing	Size		Setting Depth	Pulled Out		
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Address 1: Address 2:	cement or other plugs were u	sed, state the character of	same depth placed from (bot	tom), to (top)	or each	plug set.			
City:					:				
Phone: ( )	Address 1:			Address 2:					
Name of Party Responsible for Plugging Fees:	City:			Sta	ıte:		Zip:	+	
State of, ss.	Phone: ( )								
	Name of Party Responsible for	or Plugging Fees:							
	State of	County, _		, , s	S.				
		•		Г	_				,

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.

(Print Name)

## PAYLESS CONCRETE PRODUCTS,INC.

P.O. BOX 664 802 N. INDUSTRIAL RD. IOLA, KS 66749

Voice: 620-365-5588

Fax:

Invoice Number: 42181

Invoice Date:

Mar 8, 2017

Page:

1

**Duplicate** 

Bill To:	
JOHN C MEARS 4100 240TH RD. CHANUTE, KS 66720	

Ship to:

JOHN C MEARS 4100 240TH RD. CHANUTE, KS 66720

Customer ID	Customer PO	Paymen	Payment Terms	
ME003	BEACHER	Net 10th of Next Month		
Sales Rep ID	Shipping Method	Ship Date	Due Date	
	TRUCK		4/10/17	

Quantity	Item	Description	Unit Price	Amount
	CEMENT/WATER	CEMENT & WATER PER BAG MIX	7.00	1,085.0
155.00	MH	MIXING & HAULING	2.50	387.50
3.75	TRUCKING	TRUCKING CHARGE	60.00	225.00
	. 8			
		Subtotal		1,697.50
		Sales Tax		110.34
		Total Invoice Amount		1,807.84
neck/Credit Memo	o No:	Payment/Credit Applied		
		TOTAL		1,807.84