

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

KANSAS CORPORATION COMMISSION 1360089
 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

BUILDERS CONCRETE & SUPPLY, INC.
 P.O. BOX 225
 NEWTON, KS 67114-0225
 (316) 283-6580 TOLL FREE 1-800-499-4540

INVOICE

*# 10180
7/11/17*

Customer No. 30590
 Invoice Date 7/7/2017
 Invoice Number 55006 Page 1
 Job Id
 Credit Terms Net 30 Days

HESS OIL COMPANY
 2080 E KANSAS AVE
 P O BOX 1009
 MCPHERSON KS 67460

Date	Ticket	Qty	Description	Price	Amount
07/06/17	521881	4.00 CY	OIL WELL GROUT-HESSTON	194.00	776.00 *
07/06/17	521881	1.00 EA	MIN LOAD CHG, < 4CY/HESSTON	40.00	40.00 *
07/06/17	521881	1.00 EA	FUEL SURCHARGE - HESSTON	3.50	3.50 *
			EMMA CREEK N TO ARROWHEAD KINDBLADE ✓ #8		
			<i>plugging</i>		
					<i>BH</i>

Total Cubic Yards 4.00

PYMTS DUE IN OFFICE BY LAST DAY OF MONTH FOLLOWING
 INVOICE DATE, OR SERVICE CHARGES ACCRUE.
 YOUR BUSINESS IS ALWAYS APPRECIATED!
 BOOKKEEPING (316) 283-6580 ASK FOR SHARON

Sub-Total 819.50
 Sales Tax- 43 65.56
 Invoice Total 885.06