

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

1372660

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.

(Print Name) ☐ Employee of Operator or ☐ Operator on above-described well,

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

PAYLESS CONCRETE PRODUCTS,INC.

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

Voice: 620-365-5588

Fax:

INVOICE

Invoice Number: 43526

Invoice Date: Oct 31, 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	Payment Terms	
ME003	SHOCKLEY-SIZEMORE	Net 10th of Next Month	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		11/10/17

Quantity	Item	Description	Unit Price	Amount
150.00	CEMENT/WATER	CEMENT & WATER PER BAG MIX	7.00	1,050.00
150.00	MH	MIXING & HAULING	2.50	375.00
3.00	TRUCKING	TRUCKING CHARGE	60.00	180.00
Subtotal				1,605.00
Sales Tax				104.33
Total Invoice Amount				1,709.33
Payment/Credit Applied				
TOTAL				1,709.33

Check/Credit Memo No: