

**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  
**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.

\_\_\_\_\_  
(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



# McPHERSON CONCRETE PRODUCTS

1462 17TH AVENUE  
McPHERSON, KS 67460 • (620) 241-1678



PLANT	TIME	DATE	ACCOUNT	Weather	TRUCK	DRIVER	TICKET
PLANT	9:23:43	4/10/2018	GEOCORE	CLOUDY	39	VON RYAN	109014

CUSTOMER GEO CORE PO BOX 388 SALINA KS 67402-0388	DELIVERY ADDRESS 58-HWY & 5th AVENUE ( GO NORTH ABOUT 100' TO GRAVEL ROAD ON THE SOUTH SIDE OF FENCE - GO WEST ))
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PURCHASE ORDER	SALES ORDER	TAX	CREDIT	Temperature 32	SLUMP 8.0
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LOAD QTY.	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
2.50	RMSLURY21	21SK SLURRY	2.50	2.50	\$192.00	\$480.00
1.00	RMSHOLO	SHORT LOAD CHARGE	1.00	1.00	\$75.00	\$75.00

Conway  
Well 12B

5 MINUTES PER YARD UNLOADING TIME. \$60.00 PER HOUR DEMURRAGE CHARGE.

LEAVE PLANT :	ARRIVE JOB SITE :	START DISCHARGE :	FINISH DISCHARGE :	ARRIVE PLANT :	SUBTOTAL \$555.00
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THESE MIXES HAVE BEEN DESIGNED TO A SET CEMENT-WATER RATIO TO WHICH WE MUST ADHERE TO GUARANTEE STRENGTH IF YOU ADD WATER, YOU THEREBY ASSUME RESPONSIBILITY.	WE MAKE DELIVERIES INSIDE CURB LINE AND ON PROPERTY AT CUSTOMERS RISK ONLY. AND ACCEPT NO RESPONSIBILITY FOR DAMAGE RESULTING IN THEREFROM.	"CAUTION" SKIN AREAS THAT COME INTO CONTACT WITH PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING, SHOULD BE PROMPTLY WASHED WITH WATER. FAILURE TO DO SO MAY CAUSE SKIN IRRITATION OR BURNS. IF CEMENT GETS IN THE EYE, RINSE IMMEDIATELY WITH WATER AND GET PROMPT MEDICAL ATTENTION. <b>KEEP OUT OF REACH OF CHILDREN.</b>	TAX \$44.40 TOTAL \$599.40 PREVIOUS TOTAL GRAND TOTAL \$599.40
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Driver instructed to add \_\_\_\_\_ gal. water

Received Per order by: *Charles Robt*

GEO CORE CLOUDY 32 39 VON RYAN  
2.50 RMSLURY21 21SK SLURRY Ordered 2.50 Delivered 2.50  
9:23:43 4/10/2018

Truck: 39 Driver: 23 - VON RYAN Ticket: 109014 4/10/2018  
Mix ID: RMSLURY21 Mix Description: 21SK SLURRY Wat to Add  
Volume: 2.5 W/C Ratio: 0.55 Drops: 1 1.00

Material	Target	Actual	Status	Moisture	Material	Target	Actual	Status
RMCEMENT	4,935 LB	4,920.3	InTol		RMWATER	325	Gal 324	Gal InTol

Batch Start: 9:23:43 AM Batch End: 9:28:09 AM CLOUDY 32 Water In Truck: 0 gal

## REQUIRED FOR CERTIFIED CONCRETE

GEO CORE  
Batch: 38072

Moist. Corr. FA \_\_\_\_\_ %; CA \_\_\_\_\_ %

Corrected Mass per Volume: kg/m<sup>3</sup>(lb/yd<sup>3</sup>)

FA \_\_\_\_\_ ; CA \_\_\_\_\_ ; Water \_\_\_\_\_

Mix Design

Certified Batcher

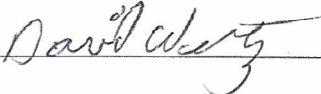
No.

RMCEMENT 1,974.00 RMWATER 130.00

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
July 2014  
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

Operator Name: Midcontinent Fraction And Storage LLC.		License Number: 33471	
Operator Address: One Williams CNTR			
Contact Person: David Spahr		Phone Number: ( 620 ) 834 - 2149	
Permit Number (API No. if applicable):		Lease Name: Conway	
Source of Waste:  <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape <input type="checkbox"/> Dike		Well Number: 12B	
		Source Location (QQQQ): NE - SE - SW - SE Sec. 23 Twp. 19 R. 5 <input type="checkbox"/> East <input checked="" type="checkbox"/> West 600 Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section 1544 Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section GPS Location: Lat: 38.3783621, Long: -97.8377760 <small>(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)</small> Datum: <input type="checkbox"/> NAD27 <input checked="" type="checkbox"/> NAD83 <input type="checkbox"/> WGS84 County: Mcpherson	
No Waste to be Hauled: <input type="checkbox"/> (If checked, provide an explanation as to why no waste was hauled in the Comments area.)			
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input checked="" type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: _____ No. of loads      8 Barrels      _____ Tons      _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input checked="" type="checkbox"/> Other: _____			
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of Waste Disposal: Destination Out of State: <input type="checkbox"/> (If checked, provide the location of where the waste was hauled in the Comments area.)  <div style="text-align: right;">Date of Waste Transfer: _____</div>			
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments: Enz Farm Facility. KDHE Permit #S-LA110036 Federal Permit #KSR106038 SW14-19-5W Mcpherson Co.			
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.  Date: 04/20/2018      Signature:  Title: Agent			