

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

Iola, Kansas 66749
Phone: (620) 365-5588

NOTICE TO OWNER

Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

Payless Concrete Products, Inc.

CONDITIONS

Concrete to be delivered to the nearest accessible point over passable road. Contractor must provide power, due to delivery at owner's or intermediary's direction, seller assumes no responsibility for providing power, any manner to sidewalks, walkways, driveways, buildings, trees, shrubbery, etc., contractor assumes no liability. The maximum allotted time for unloading trucks is 5 minutes per yard. Water contents for strength are added during loading trucks longer. This concrete contains correct strength test when water is added at customer's request. Contractor assumes responsibility for providing correct amount of water to achieve correct strength.

The contractor must provide place for truck to wash out. A \$30 charge will be added if contractor does not provide supply a pice to wash truck out. Tonerarges are buyers responsibility.

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	DRIVER/TRUCK	PLANT/TRANSACTION #
1:25 PM	WELL	15.00	15.00		WELL
DATE		LOAD #	YARDS DEL	BATCH#	TICKET NUMBER
6/20/10		1	15.00		11
WARNING IRRITATING TO THE SKIN AND EYES Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.			Excessive Water is Detrimental to Concrete Performance H ₂ O Added By Request/Authorized By _____ GAL X _____ WEIGHMASTER _____		
CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS. The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed. All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum. Not Deliverable for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Discovered. A \$30 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks. Excess Delay Time Charged @ \$20/Hr.			NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE. LOAD RECEIVED BY: _____ X _____		
QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE	
15.00	WELL	WELL 150 SHEDS PER UNIT	15.00	225.00	
3.00	TRUCKING	TRUCKING CHARGE	3.00	9.00	
15.00	MIX&HAUL	MIXING AND HAULING	15.00	225.00	
			7.50	112.50	
			11.725	175.88	
			11.725	175.88	
RETURNED TO PLANT LEFT PLANT TOTAL ROUND TRIP			TIME ALLOWED TIME DUE DELAY TIME		
DELAY EXPLANATION/CYLINDER TEST TAKEN 1. JOB NOT READY 2. SLOW POUR OR RUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER					
FINISH UNLOADING START UNLOADING UNLOADING TIME					
LEFT JOB ARRIVED JOB TOTAL AT JOB					
ADDITIONAL CHARGE 1 ADDITIONAL CHARGE 2 GRAND TOTAL					