

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

1308 SCHWALLER AVE
HAYS, KANSAS 67601
785-625-3531



DELIVERY TICKET

1544

OPERATOR (PURCHASED BY) Greg Whitehair

CONTRACTOR _____ DELIVERY CHARGE:

SEMI P/U NONE

WELL NAME _____ DATE 3-2-19

COUNTY _____ SEC _____ TWP _____ RGE _____ TO WAREHOUSE _____

QTY	HM	PRODUCT	SIZE	UNIT PRICE	AMOUNT
<u>35</u>		PREMIUM GEL	100 lb.		
		BAGS COTTONSEED HULLS	50 lb.		
		BAGS SODA ASH	50 lb.		
	X	CORROSIVE, UN 1823, 8, PG 111 CAUSTIC SODA BEADS	50 lb.		
		LIGNITE	50 lb.		
		BAGS LIME	50 lb.		
		DRISPAC	50 lb.		
		DESCO	25 lb.		
		PHPA	5 gal.		
		POLY PLUS RD	50 lb.		
		SALT GEL	50 lb.		
		BAGS DRILLSTARCH	50 lb.		
		CEDAR FIBER	40 lb.		
		POL-E- FLAKE	25 lb.		
		P.A.P.	100 lb.		
		SOAP STICKS			

RECEIVED BY _____

1308 SCHWALLER AVE
 HAYS, KANSAS 67601
 785-625-3531



DELIVERY TICKET

1540

OPERATOR (PURCHASED BY) Paul Greg Whitaker - ZULLC
 CONTRACTOR _____ DELIVERY CHARGE: SEMI P/U NONE
 WELL NAME Warehouse DATE 3-1-19
 COUNTY _____ SEC _____ TWP _____ RGE _____ TO WAREHOUSE _____

QTY	HM	PRODUCT	SIZE	UNIT PRICE	AMOUNT
15		PREMIUM GEL	100 lb.		
		BAGS COTTONSEED HULLS	50 lb.		
		BAGS SODA ASH	50 lb.		
	X	CORROSIVE, UN 1823, 8, PG 111 CAUSTIC SODA BEADS	50 lb.		
		LIGNITE	50 lb.		
		BAGS LIME	50 lb.		
		DRISPAC	50 lb.		
		DESCO	25 lb.		
		PHPA	5 gal.		
		POLY PLUS RD	50 lb.		
		SALT GEL	50 lb.		
		BAGS DRILLSTARCH	50 lb.		
		CEDAR FIBER	40 lb.		
		POL-E- FLAKE	25 lb.		
		BAR	100 lb.		
		SOAP STICKS			

RECEIVED BY _____

GREAT BEND REDI-MIX, INC.

PLANT: SOUTH WASHINGTON STREET • OFFICE: 335 E. BARTON COUNTY ROAD
 PHONE: (620) 792-5924
 GREAT BEND, KANSAS 67530

53564
 26# n

DATE: 3-6-19

SOLD TO: Greg Whitehair PHONE: 784 432 0789

MAILING ADDRESS: Stafford About 7 East To 130th

JOB SITE: Then S. on 130 1/2 miles East INTO

Description:	Regular Price	Discount Allowed	Unit Price
Yds Mix w/Air wo/Air		=	/yd.
8600 cement		8600 total cem	
5400 Ash		5400 total Ash	
		140	
Fibermesh			/yd.
Calcium %			/yd.
Hot Water			/yd.
Retarder 1 %			/yd.
47 miles x 4 ⁰⁰ per mile			
Service Charge to Deliver 2 1/2 yards or less			/trip
Mileage Less 2.75 hrs 95 ⁰⁰ hr			/mile
Unload Time: (Min. Used) Less (Min. Free) = ÷ 10 = @			.10 min
Truck No./Driver Tom 05	Slump	Water-Gallons	Water Added At Jobsite
Time Out			Subtotal
Begin Unload 2:00			Tax Si. Court
End Unload 4:45			TOTAL DUE

Contractor responsible for damage past curb line.

COMMENTS:

WARNING: Cement can cause irritation or severe burns to skin and eyes. Wear protective boots, gloves, and eye protection with your skin or eyes. In case of contact with skin or eyes, seek medical attention. Material safety data sheets available. KEEP OUT OF REACH OF CHILDREN

PAID <input type="checkbox"/>	CK# CASH <input type="checkbox"/>	AMOUNT PAID \$	INTEREST OF 1 1/2% PER MONTH ON ALL ACCOUNTS IF NOT PAID OF DELIVERY DATE
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P.O. # OR Job # _____ Received By 