

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

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.
 _____ 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

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 

