

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.
 _____ 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

Lone Jack Oil Company
302 South 6th Street
Blue Mound, KS 66010

Invoice

Date	Invoice #
4/14/2019	1845

Bill To
D & T Oil Joe Thyer 7040 KS Hwy 7 Mound City, KS 66056

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	4/12/19, Well # 16-81, Pumped 9 sacks through 1 inch pipe at 675 feet, pulled up to 475 feet and put 6 sacks to surface.15 sacks total.	0.00	0.00
	Sales Tax	6.15%	0.00
		Total	\$0.00

Avery Lumber

411 Main St. P.O. Box 66
 Mound City, KS 66056
 PH (913) 795-2210
 EMAIL averylumber@yahoo.com



INVOICE

Customer Copy

Page 1 of 1		Sales Order #: 00020285		Invoice #: INV0101513	
Special:			Invoice Date: 04/09/2019 2:39 PM		
Instructions:			Ship Date: 04/09/2019		
Terms 25TH			Requested Ship:		
Sales Rep: Tommy Tommy Avery		Acct Rep:		Due Date: 04/25/2019	
Sold To: LONE JACK OIL CO C/O LELAND JACKSON 302 South 6th Street BLUE MOUND, KS 66010			Ship To: LONE JACK OIL CO		
Phone: (913) 756-2307			Phone:		
Customer #: 319625		Customer PO #:		Order by: Terminal: POS 2	

LN	ORDER	SHIP	L	UOM	DESCRIPTION	ITEM #	PRICE	EXTENSION
1	9500	95.00	L	BAG	PORTLAND CEMENT	CPPC	13.6900	711.88
2	1.00	1.00	L	EA	QUIKRETE/SAKRETE PALLETS -- (REFUNDABLE IF RETURNED)	CPQP	20.0000	20.00

Wells
 15-81
 16-81
 17-81
 45 BAGS

683.95
 FOR 45 SACKS

Total Weight: 0.0000
Total Volume: 0.0000

	FILLED BY _____ CHECKED BY _____ DATE SHIPPED _____ DRIVER _____	
	SHIP VIA CP/ Customer Pickup	Sales Total \$731.88 Addl Charges 0.00 Freight 0.00 Discount 0.00
	Signature <i>Leland Jackson</i>	Taxable 731.88 Tax 54.89 Non-taxable 0.00 TOTAL \$786.77 Tax # Amt Due \$786.77



Customer Copy