

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

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

Invoice

Date	Invoice #
10/1/2019	1851

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	9/19/19, Well # 8-81, Pumped 9 sacks through 1 inch pipe at 650 feet, pulled up to 475 feet and put 6 sacks to surface.15 sacks total.	700.00	700.00
	Sales Tax	6.15%	0.00
		Total	\$700.00



More saving.
More doing.™

Wells
#8-81
#3-81

20025 W 154TH STREET
S OLATHE, KS 66062 (913)780-6933

2218 00003 77044 09/15/19 11:18 AM
CASHIER BRYCE

815202002611 POST MIX <A>	
SIKA FENCE POST MIX	
2@12.70	25.40
0000-320-212 92LB ASHLAND <A>	
ASHGROVE 92.6LB TYPE I-II PORT CMNT	
35@11.05	386.75
0000-999-835 PALLET FEE <A,U>	15.00
PALLET FEE	

SUBTOTAL	427.15
SALES TAX	40.47
TOTAL	\$467.62
CHECK	467.62

XX3121
AUTH CODE 004078 TA

<U> - NON-DISCOUNTABLE ITEM



2218 03 77044 09/15/2019 5484

RETURN POLICY DEFINITIONS

POLICY ID	DAYS	POLICY EXPIRES ON
A 1	90	12/14/2019

When you provide a check as payment, you authorize us to use the information from your check to process a one-time Electronic Funds Transfer (EFT) or draft drawn from your account, or process the payment as a check transaction. You also authorize us to process credit adjustments, if