

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 #
10/1/2019	1852

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	9/20/19, Well # 3-81, Pumped 9 sacks through 1 inch pipe at 650 feet, pulled up to 475 feet and put 8 sacks to surface.17 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