## KOLAR Document ID: 1489907

**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 #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:	County: Well #: Lease Name: Well #:
Is ACO-1 filed?	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

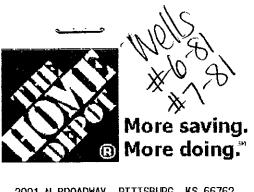
Oil, Gas or Water	Records		Casing Record (Surfa	ce, Conductor & Produc	tion)
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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



3001 N BROADWAY, PITTSBURG, KS 66762 ERIC BLAKE, STORE MANAGER (620)231~0831

2220 00001 21459 01/04/20 02:02 PM CASHIER ZACHARY

641590000058 20X20 FILTER <A> 0.98 20X20X1 FIBERGLASS MERV 2 768226000142 92LB ASHLAND <A> ASHGROVE 92.6LB TYPE 1-II PORT CMNT 42910.70 449.40

SUBTOTAL	450.38
SALES TAX	41.89
TOTAL	\$492.27
CHECK	492.27

XX3121 AUTH CODE 006922

TA



RETURN POLICY DEFINITIONS POLICY ID DAYS POLICY EXPIRES ON A 1 90 04/03/2020

When you provide a check as payment, you authorize us to use the information from your check to process a che-time Electronic Funds Transfer (EFI) or draft drawn from your account, or process the payment as a check transaction. You also authorize us to process credit adjustments, if applicable. If your payment is returned unpaid, you authorize us to collect your payment and the Return Fee amount below by EFI(s) or draft(s) from your account. If you are presenting a corporate check, you make these representations as an authorized corporate representative.

For inquiries, please call TeleCheck customer service at 1-888-812-9580.

ELECTRONIC CHECK				
RETURN FEE AMOUN				
Merchant ID:	36362220			
MERCH TRACE ID	202001041402 2220 1 2145			
CHECK NUMBER	7779			
TRACE ID	1400310000032709671356			
APPROVAL CODE	006922			

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