KOLAR Document ID: 1489901

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 Feet from East / West Line of Section			
City:							
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 #:				County: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name) Plugging Commenced:			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to Top: Bottom: T.D				agging '	Completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Reco	ng Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
cement or other plugs were us		•	•			ds used in introducing it into the hole. If	
Plugging Contractor License #: Nam							
Address 1: Address							
City:			Sta	ate:		Zip:+	
Phone: ()							
Name of Party Responsible for Plugging Fees:							
State of Cou		/,		is.			
		Γ	Em	nployee of Operator or	Operator on above-described well,		
(Print Name)				'	ipioyee of Operator of	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.



More saving. More doing."

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

2220 00001 21459

01/04/20 02:02 PM

CASHIER ZACHARY

0.98

641590000058 20X20 FILTER <A> 0.98 20X20X1 FIBERGLASS MERV 2 768226000142 92LB ASHLAND <A> ASHCROVE 92.6LB TYPE I-II PORT CMNT

449.40 42910.70

> SUBTOTAL SALES TAX

TOTAL

41.89 \$492.27 492.27

CHECK

XX3121 AUTH CODE 006922

TA



RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
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 (EFT) 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 EFT(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 AMOUNT \$30.00 Merchant ID: 36362220 MERCH TRACE ID 202001041402 2220 1 2145 7779 CHECK NUMBER TRACE ID 1400310000032709671356 APPROVAL CODE 006922

DID WE NAIL IT?

Take a short survey for a chance TO WIN A \$5,000 HOME DEPOT GIFT CARD

Upine en espazol

www.homedepot.com/survey

User ID: H87 45427 43208 PASSWORD: 20054 43207

Entries must be completed within 14 days of purchase. Entrants must be 18 or