

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



Cleaver Farm & Home
2103 South Santa Fe Ave
Chanute, KS 66720
620-431-6070

CUSTOMER COPY



INVOICE

2005-597177 PAGE 1 OF 1

SOLD TO	JOB ADDRESS
SEK ENERGY, LLC 149 BENEDICT ROAD P.O. BOX 55 BENEDICT KS 66714	SEK ENERGY, LLC 149 BENEDICT ROAD P.O. BOX 55 BENEDICT KS 66714 620-698-2150

Account due 10th of month
following purchase. 1 1/2%
interest per month added.

ACCOUNT	JOB
S1283	1
SOLD ON	5/4/2020 12:28:43 PM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	KERRY
STATION	C11
CASHIER	ZACE
SALESPERSON	
ORDER ENTRY	

Quantity	UM	Item	Description	D	T	Price	Per	Amount
12	EA	STD	CEMENT STANDARD TYPE 1 94LB MONARCH	N	Y	12.4200	EA	149.04
2	EA	23050	TORX #25 2" 75 PER BOWL	N	Y	1.6100	EA	3.22

Payment Method(s)

Charge to Acct 166.72

CHAN 9.50%	SubTotal	152.26
	Sales Tax	14.46
	Deposit	
Please Pay This Amount		166.72

RETURN POLICY - within 30 days only -
merchandise must be in saleable condition
and accompanied by invoice.

No refunds on Special Order non-stock items

Signature