

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

THANK YOU FOR SHOPPING AT
Paola Hardware
104 W Plankishaw
Paola KS 66071
(913) 294-4044

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01/14/21 1:38PM 7ANDREW 701 SALE

PORTC 70 EA \$11.55 EA
941b Portland Cement \$808.50

SUB-TOTAL:\$ 808.50 TAX: \$ 74.79
TOTAL: \$ 883.29
BC AMT: \$ 883.29

BK CARD#: XXXXXXXXXXXX6414
MID:*****0885 TID:***5998
AUTH: 01635G AMT: \$ 883.29
Host reference #:053397 Bat#

Authorizing Network: VISA

Chip Read
CARD TYPE:VISA EXPR: XXXX
AID : A0000000031010
TVR : 8080008000
IAD : 06010A03602400
TSI : 6800
ARC : 00
MODE : Issuer
CVM :
Name : VISA CREDIT
ATC :0144
AC : C641F7C7F5E14A8E
TxnID/Va1Code: 197271

Bank card USD\$ 883.29



==> JRNL#A53397/7
CUST NO:*10007

THANK YOU KEVIN WISEMAN
FOR YOUR PATRONAGE

Acct: STORE 7 CASH CUSTOMER

Customer Copy

THANK YOU FOR SHOPPING AT
Paola Hardware
104 W Plankishaw
Paola KS 66071
(913) 294-4044

Like us on Facebook for
coupons, contests, tips & more!
01/13/21 9:48AM 7ANDREW 701 SALE

PORTC 35 EA \$11.55 EA
941b Portland Cement \$404.25

SUB-TOTAL:\$ 404.25 TAX: \$ 37.39
TOTAL: \$ 441.64
BC AMT: \$ 441.64

BK CARD#: XXXXXXXXXXXX6414
MID:*****0885 TID:***5998
AUTH: 07770G AMT: \$ 441.64
Host reference #:053200 Bat#

Authorizing Network: VISA

Chip Read
CARD TYPE:VISA EXPR: XXXX
AID : A0000000031010
TVR : 8080008000
IAD : 06010A0360A400
TSI : 6800
ARC : 00
MODE : Issuer
CVM :
Name : VISA CREDIT
ATC :0143
AC : B1E8AE05F6103723
TxnID/Va1Code: 196213

Bank card USD\$ 441.64

==> JRNL#A53200/7
CUST NO:*10007

THANK YOU KEVIN WISEMAN
FOR YOUR PATRONAGE

Acct: STORE 7 CASH CUSTOMER

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