

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

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!

01/14/21 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/ValCode: 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/ValCode: 196213

Bank card USD\$ 441.64



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

THANK YOU KEVIN WISEMAN
FOR YOUR PATRONAGE

Acct:

STORE 7 CASH CUSTOMER

Customer Copy