KOLAR Document ID: 1592515

**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 De	scription:		
Address 1:			.		Sec Tw	p S. R East West	
Address 2:					Feet from		
City:				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)		OG D&A Cathodi SWD Permit #:		,		 	
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				ved on: (Date)	
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)	
Depth to	Top: Botto	m: T.D		Plugging	a Commenced:		
Depth to	Top: Botto	m: T.D		00 0			
Depth to	Top: Botto	m: T.D	'	. ragging	g completed.		
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water	Records		Casing Re	sing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		_				Is used in introducing it into the hole. If	
Plugging Contractor License #	:		Name:				
Address 1:			Address 2:	:			
City:			;	State:		Zip:+	
Phone: ( )							
Name of Party Responsible fo	r Plugging Fees:						
State of	County, _			, ss.			
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed	
	(Print Name)			E	imployee 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.

## Invoice

## Lone Jack Oil Company 302 South 6th Street Blue Mound, KS 66010

Date	Invoice #
8/26/2021	1886

Bill To		- 111-11
D & T Oil	, , , , , , , , , , , , , , , , , , ,	
Joe Thyer		
7040 KS Hwy 7		
Mound City, KS 66056		

P.O. No.	Terms	Project		

Quantity	Description	Rate	Amount
1	8/25/21, Well WSW-1, pumped 105 sacks of cement through 1 inch at TD to surface. Sales Tax	6.15%	00.0 00.0
		Total	\$0.00

802 N. Industrial Rd. P.O. Box 664 Iola, Kansas 66749 Payless Concrete oducts, Inc. Phonet (620) 365-5588 risk. The maximum allotted garees, similarly, seek, which are at customer's charpe will be made for hokind nuclai longer. This concrete contains correct water contents to strength set or matiraciated. We do not assume responsibility for the strength set when water is added a customer's request. Contractor must provide place in must know to wash out. A \$30 charge will be added per truck if contractor does not suply a place to wash truck out. Tow charges are buyers responsibility. 1.0001 GUDER LEASE HELL # WSWI LONEJACK DIL CO. 509 E. WALNUT 54 W TO 59 N 4MI TO'S DAKOTA RD E SMI TO SWOODD N 1/4MI ESD BLUE MOUND KS 66010 TIME FORMULA LOAD SIZE YARDS ORDERED T DEWERTHUCK PLANT/TRANSACTION # 3:55 AM 9.00 9.00 3€ BOUCO HIPPER DATE LÒAD# YARDS DEL BATCH# WATER TRIM SLUMP TICKET NUMBER /25/21 UE 9.00 ें, हेर्न 00 in 50844 WARNING Excessive Water is Detrimental to Concrete Performance IRRITATING TO THE SKIN AND EYES

TO THE SKIN H<sub>2</sub>0 Added By Request/Authorized By Excess Deby Time Charged @ \$500HR. QUANTITY CODE DESCRIPTION UNIT PRICE EXTENDED PRICE 9.03 WELL WELL (10 SACKS PER UNITS 1. 100 O. 000 MUCKING CHARGE A. 00 MIXAHHIII. MISTME AND HAULING 9.00 RETURNED TO PLANT LEFT JOB FINISH UNLOADING DELAY EXPLANATION/CYLINDER TEST TAKEN TIME ALLOWED JOS NOT READY SLOW POUR OR PUMP TRUCK AHEAD ON JOB 8. TRUCK BROKE DOWN 7. ACCIDENT 8. OTATION 8. OTATION LEFT PLANT ARRIVED JOB START UNLOADING 4. CONTRACTOR BROKE DOWN 5. ADDED WATER TIME DUE ADDITIONAL CHARGE 1 TOTAL ROUND TRIP TOTAL AT JOB UNLOADING TIME DELAY TIME **ADDITIONAL CHARGE 2** GRAND TOTAL

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XX3121 AUTH CODE 004745

**Provide** Mhen