

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

SUNFLOWER WELL SERVICE, INC.

P.O. BOX 341

CANTON, KS 67428-0341

PH. (620) 628-4723

FAX (620) 628-7911

INVOICE



TO: Buckeye West LLC
 P O Box 129
 Wooster, OH 44691

500000

INVOICE	INVOICE NUMBER	LEASE NAME
10-05-21	4149	VanMeter 20-1
DATE	DESCRIPTION	TOT INV
09/22/21	MOVED TO LOCATION: Rigged up, Pulled and singles rods out, Pulled tubing, Ran bailer, Found T.D. at 2710', Dumped sand for bottom plug, Dug surface out with backhoe, Rigged casing tools up, Pulled casing slips, Shut down. Rig & Crew 11 hrs	\$2,365.00
09/23/21	Ran bailer, Found sand at 2610', Dumped 4 sacks of cement on bottom, Tightened casing up, Rigged up casing jacks, Shot casing off at 1604', Worked casing free, Pulled 4 joints, Shut down. Rig & Crew 6 hrs	\$1,290.00
09/27/21	Pulled 5-1/2" casing, Bailed hole down to 300', Built plug at 300', Filled from 300' to surface with cement, Rigged down. Rig & Crew 7 hrs	\$1,505.00
	Power tongs	\$ 50.00
	Casing equipment and jacks	\$ 600.00
	Sand & Cement for bottom plug	\$ 80.00
	Backhoe to dig out surface, pit and back fill	\$ 225.00

THANK YOU FOR YOUR BUSINESS!!!!

Done

SubTotal \$6,115.00
 Sales Tax 8.00% 489.20
TOTAL \$6,604.20

TERMS: NET 30 1.5% WILL BE ADDED AFTER 30 DAYS FROM DATE OF INVOICE. PLEASE PAY FROM THIS INVOICE.



1023 Reservation Rd
Hays, KS 67601-3982

Office: 785-625-1182 or 785-625-1118

Fax: 785-625-1180

INVOICE
5977



Buckeye West LLC
PO BOX 129
WOOSTER OH 44691-0129

Invoice Date	09/23/21
10001 Lease	Van Meter
Well	20-1
County	Saline
State	KS

Service Date	Job Ticket	Description	Amount
cbecker@buckeyeoilinc.com			
09/23/21	2883	Cut casing @ 1,604" <i>1560'</i> <i>RAA</i> <i>500000</i>	\$ 2,340.00



SubTotal	\$	2,340.00
Tax	\$	-
TOTAL DUE	\$	2,340.00

Please Pay From This Invoice

We Appreciate Your Business !

Terms: Invoice payable net 30 from date on invoice.

Past due invoices subject to finance charge at maximum rate allowed by state law.

SMOKY VALLEY CONCRETE, INC.



SMOKY VALLEY CONCRETE, INC.
 Phone 785-820-8113
 Fax 785-820-9887

P.O. Box 1884
 1700 W. State Street
 Salina, KS 67402-1884

No. 057952

CUSTOMER ID COD	P.O. NUMBER	TRUCK 43	DRIVER KENDALL	DATE 9/27/21	TICKET 53992
SOLD TO BUCKEYE WEST			DELIVER TO HWY 4 AND KIPP RD	TIME ARRIVED 11:58 AM	FINISHED UNLOADING
QUANTITY THIS LOAD 6	QUANTITY ORDERED 6	QUANTITY DELIVERED 6	PRODUCT CODE OIL WELL S	PRODUCT DESCRIPTION OIL WELL SLURRY	ARRIVED AT PLANT
			UNIT OF MEASURE YD	EXTENDED PRICE	
			SUB TOTAL TAX DELIVERY TOTAL 1620.00		

GENERAL TERMS AND CONDITIONS OF DELIVERY

Unloading time 1 hour per 10 cubic yards. All excess waiting time will be charged at the rate of \$60.00 per hour. There will be a minimum charge of \$60.00 per hour or fraction thereof for each hour or part of an hour that the truck is held after the first 60 minutes.

TIME IN: _____ TIME OUT: _____ WAITING TIME: _____

CYLINDERS TAKEN:

This load of concrete is produced in accordance with standard Specifications for Ready Mixed Concrete, A.S.T.M. Designation C-94-91, and the quality is guaranteed to be as indicated on this ticket, tested in accordance with these Specifications.
WE DO NOT GUARANTEE FINISHED RESULTS obtained from this load of concrete, as many important factors affecting the ultimate quality of the completed job are out of our control.
DELIVERIES MADE ON PRIVATE PREMISES ONLY AT PURCHASER'S RISK. We will not assume responsibility for any damage caused by our trucks when required to make delivery anywhere off a paved public street or roadway.
 Any claim of the purchase must be made in writing within 48 hours from the time of delivery.
 Drivers are not permitted to add water to the mix to exceed the maximum slump. Additional water added to this concrete will reduce its strength. Any water added is at Customer's risk.

WATER ADDED ON JOB _____ gals.
 I AGREE TO THE TERMS AND CONDITIONS OF THIS DELIVERY.

FINISHER

CUSTOMER'S REPRESENTATIVE

MSDS AVAILABLE UPON REQUEST

A 1.12% per month (18% Annual Percentage Rate) finance charge will be added to unpaid balance after 30 days. If not paid in 60 days your account will be turned over to a collection agency.
FAILURE TO MAKE A PAYMENT IS A DEFAULT DELINQUENCY AND DEFAULT
 I agree to pay the costs incurred to collect this bill in the event of my default in payment, including reasonable attorneys' fees.

CAUTION
 Freshly mixed cement, mortar, grout, or concrete can cause skin irritation. Avoid direct contact where possible and wash affected areas promptly with water. If any contaminated material gets into the eyes, rinse immediately and repeatedly with water and get prompt medical attention.