

**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

THE NEW KLEIN LUMBER COMPANY  
 201 W. MADISON  
 P.O. BOX 805  
 IOLA, KS 66749  
 PHONE: (620) 365-2201

\*\*\*CASH\*\*\*

CUST # \*5  
 TERMS: CASH/CHECK/BANKCARD

INV # E76902  
 DATE : 9/21/21  
 CLERK: BE  
 TERM # 552

TIME : 2:52  
 \*\*\*\*\*  
 \* INVOICE \*  
 \*\*\*\*\*

*Plugg Debt - 12-21*

QUANTITY	UM	ITEM	DESCRIPTION	SUG. PRICE	PRICE/PER	EXTENSION
55	EA	PC	PORTLAND CEMENT		12.99 /EA	714.45
<i>Plugg Debt - 12-21</i> <i>Eastern Vm</i> <i>Eastern Vm</i> <i>Eastern Vm</i> <i>Eastern Vm</i>						
				776.96	TAXABLE	714.45
					NON-TAXABLE	0.00
					SUB-TOTAL	714.45
					TAX AMOUNT	62.51
					TOTAL INVOICE	776.96

\*\* PAYMENT RECEIVED \*\*  
 \*\* PAID IN FULL \*\*

CHECK PAYMENT  
 CK# 3858 ABA#

X  
 Received By \_\_\_\_\_

THE NEW KLEIN LUMBER COMPANY  
 201 W. MADISON  
 P.O. BOX 805  
 IOLA, KS 66749  
 PHONE: (620) 365-2201

\*\*\*CASH\*\*\*

CUST # \*5  
 TERMS: CASH/CHECK/BANKCARD

INV # E78370  
 DATE : 10/12/21  
 CLERK: BE  
 TERM # 552

TIME : 4:10  
 \*\*\*\*\*  
 \* INVOICE \*  
 \*\*\*\*\*

*Plus Date 10-14-21*

QUANTITY	UM	ITEM	DESCRIPTION	SUG. PRICE	PRICE/PER	EXTENSION
60	EA	PC	PORTLAND CEMENT  <i>Leathburn 19</i> <i>Leathburn 42</i>		12.99 /EA	779.40
				847.60	TAXABLE	779.40
					NON-TAXABLE	0.00
					SUB-TOTAL	779.40
				847.60	TAX AMOUNT	68.20
					TOTAL INVOICE	847.60

\*\* PAYMENT RECEIVED \*\*  
 \*\* PAID IN FULL \*\*

BANKCARD PAYMENT  
 BKCRD#XXXXXOVER

X

Received By