

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



May 5th 2016
I-1076 x 2-10-1

How doers
get more done.

20025 W 154TH STREET
S OLATHE, KS 66062 (913)780-6933

2218 00003 79644 10/04/22 02:16 PM
SALE CASHIER ADDISON

050206921104 VENT PIPE <A>	17.47
6"X5" ROUND METAL PIPE	
742366936399 DV TAPE <A>	6.38
NASHUA DRYER VENT INSTALL 1.89"X30YD	
0000-320-212 92LB ASHLAND <A>	
ASHGROVE 92.6LB TYPE I-II PORT CMNT	628.74
42@14.97	

SUBTOTAL	652.59
SALES TAX	61.83
TOTAL	\$714.42

XXXXXXXXXXXX4994 DEBIT USD\$ 714.42

AUTH CODE 001905
Chip Read Verified By PIN
AID A0000000980840 US DEBIT

PRO XTRA MEMBER STATEMENT

PRO XTRA ###-###-0492 SUMMARY
THIS RECEIPT PO/JOB NAME: 0

2022 PRO XTRA SPEND 10/03: \$10,938.41

As of 10/04/2022 your Paint Rewards level is Member; Spend 961.58 more in qualifying paint purchases to earn Bronze (10.0% off) on select paint items.

Get the CREDIT LINE your business needs PLUS earn Perks 4X FASTER when you join Pro Xtra, register, & use your Pro Xtra Credit Card. Apply and SAVE UP TO \$100. Learn more at homedepot.com/credit

2218 10/04/22 02:16 PM



2218 03 79644 10/04/2022 4842

RETURN POLICY DEFINITIONS		
POLICY ID	DAYS	POLICY EXPIRES ON
A	1	90 01/02/2023

DID WE NAIL IT?

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A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

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PASSWORD: 22504 159577

Entries must be completed within 14 days of purchase. Entrants must be 18 or older to enter. See complete rules on website. No purchase necessary.