

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

809 N. Industrial Rd.
 P.O. Box 661
 Iola, Kansas 66749
 Phone: (620) 365-5588

Payless Concrete Products, Inc.

CONDITIONS
 Contractor is authorized to be issued a stop-work order for excessive noise, dust, or vibration. No contractor shall be allowed to work in any manner to disturb, damage, or remove any existing structures, trees, shrubbery, etc., on the job site. A permit shall be obtained for any excavation, trenching, etc., on the job site. A permit shall be obtained for any excavation, trenching, etc., on the job site. A permit shall be obtained for any excavation, trenching, etc., on the job site. A permit shall be obtained for any excavation, trenching, etc., on the job site.

WARNING
 IRRITATING TO THE SKIN AND EYES
 Contains Portland Cement, Water, Sand, and Fly Ash. Avoid Contact With Skin. In Case of Accidental Contact, Wash Thoroughly With Water. Avoid Contact With Eyes. In Case of Accidental Contact, Flush Thoroughly With Water. Avoid Contact With Eyes. In Case of Accidental Contact, Flush Thoroughly With Water. Avoid Contact With Eyes. In Case of Accidental Contact, Flush Thoroughly With Water.

TIME	FORMULA	LOAD SIZE	VARDS ORDERED	PWNER/TRUCK	PLANT/TRANSACTION #
11:15 AM	WELL	6.00	6.00	37	10101
DATE	NO. OF TRUCKS	LOAD #	VARDS DEL.	WATER TRM	TICKET NUMBER
2/2/03	1	1	6.00	0.00	54558

PROPERTY DAMAGE RELEASE
 I/We, the driver of the truck in delivering the material, hereby release the contractor from any and all claims for damage to property, including but not limited to, the contractor's equipment, vehicles, and structures, caused by the material delivered hereunder. This release shall be void if the contractor is not notified of the damage within 30 days of the date of delivery. The contractor shall be responsible for any and all damage to property, including but not limited to, the contractor's equipment, vehicles, and structures, caused by the material delivered hereunder. This release shall be void if the contractor is not notified of the damage within 30 days of the date of delivery.

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
6.00	WELL	WELL (100 SACKS PER UNIT)	192.50	1555.00
6.00	MIXHAUL	MIXING AND HAULING	125.00	1150.00
1.50	TRUCKING	TRUCKING AND CHARGE	60.00	150.00
1.00	FB	FUEL SURCHARGE	114.95	114.95

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION (CINDER TEST TAKEN)	TIME ALLOWED
		12:16		0.75
LEFT PLANT	ARRIVED JOB	START UNLOADING		
11:25	11:44	11:47		
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		

ADDITIONAL CHARGE 1
 ADDITIONAL CHARGE 2
GRAND TOTAL

PROPERTY DAMAGE RELEASE

