

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

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

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.

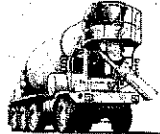
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

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



Hammerson Ready Mix

1300 2200 Rd.
Gas, KS 66742
620-365-7200

1740 US-54
Ft. Scott, KS 66701
620-224-2800

PLANT 01	TIME 7:54	DATE 05/29/23	ACCOUNT OWENS	TRUCK 75	DRIVER CARL	TICKET 22500
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CUSTOMER NAME OWENS PETROLEUM, LLC 1274 202 ROAD YATES CENTER, KS 66783	DELIVERY ADDRESS ROBERTS LEASE 3 & 25
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PURCHASE ORDER	SALES ORDER 5231	TAX WOODSON	CREDIT CC	SLUMP 4.00 in
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LOAD QTY.	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
16.00 yd	WELL MUD	WELL (10 SACKS PER YARD)	16.00	16.00 (160)		
16.00 ea	HAUL & MI	HAUL & MIX	16.00	16.00		
1.00 ea	FUEL	FUEL SURCHARGE	1.00	1.00		

LOADED	ARRIVE JOB SITE 9:00	START-DISCHARGE 9:00	FINISH DISCHARGE 10:00	ARRIVE PLANT :
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SUB TOTAL
DISCOUNT
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

This batch of concrete is mixed with the proper amount of water. If additional water is desired, please instruct the driver.	ADDITIONAL WATER ADDED ON JOB →	Gallons	By
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UNLOADING TIME ALLOWED 30 MINUTES PER TRIP EXTRA CHARGE FOR OVER 30 MINUTES →
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CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water.
If any cementitious material gets into the eye, rinse immediately and repeatedly with water and get prompt medical attention.
KEEP OUT OF REACH OF CHILDREN

RECEIVED IN GOOD CONDITION
BY X

Purchaser waives all claims for personal or property damage caused by seller's truck when delivery is made beyond street curb line.
If not paid as agreed, this credit agreement provides for your payment of reasonable costs of collection, including, but not limited to, court costs, attorney fees and/or collection agency fees.

True Enterprise
 1326 North Main Street
 LeRoy, KS 66857

(620) 964-2514



Invoice #	Page
130213	001
Invoice Date	
03-31-2023 09:59:10	



SOLD TO:
 Scott Owens
 Scott Owens
 1274 202 Road
 Yates Center, KS 66783

620-496-7048

Please Remit To: True Enterprise, 1326 North Main, LeRoy, KS 66857

Terms	P.O.#	Order #	Type	Slid.By	Cust.#	Slm.
Last Day of This Month	roberts 3	130213	House	SLT	O36070	Store
Quantity	UM	Item #	Description		Price	Extended Price
10.000	EA	CL203	PORTLAND CEMENT		19.25	192.50
					Taxable:	192.50
					Tax:	14.44
					Non-Tax:	0.00
Received by:					scott	Total: 206.94