

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



Cleaver Farm & Home
 2103 South Santa Fe Ave
 Chanute KS 66720
 620-431-6070

CUSTOMER COPY



INVOICE

2306-743613 PAGE 1 OF 1

SOLD TO
Hood Family Farm/JR Farms John Galemore 1010 W. 35th Parkway Chanute KS 66720

JOB ADDRESS
Non-Taxable JR Farms 1010 W. 35th Parkway Chanute KS 66720 620-431-4200

ACCOUNT	JOB
G1030	2
SOLD ON	6/27/2023 12:21:12 PM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	
STATION	C16
CASHIER	AACU
SALESPERSON	
ORDER ENTRY	

Account due 10th of month following purchase. 1 1/2% interest per month added.

Quantity	UM	Item	Description	D	T	Price	Per	Amount
15	EA	STD	CEMENT PORTLAND TYPE 1 94LB MONARCH	N	Y	15.6900	EA	235.35

Payment Method(s)

Charge to Acct 235.35

Resale 0.00%	SubTotal	235.35
EXE: 85-3900977	Sales Tax	0.00
	Deposit	
Please Pay This Amount		235.35

RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by invoice.

No refunds on Special Order non-stock items

Signature