

**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



Coleman Hardware LLC.  
 505 Main Street  
 Mound City KS 66056  
 913-795-2895  
 Fax: 913-795-2026

**CUSTOMER COPY**



**INVOICE**

2307-065419 PAGE 1 OF 1

SOLD TO
DALE JACKSON PO BOX 266 MOUND CITY KS 66056

JOB ADDRESS
DALE JACKSON PO BOX 266 MOUND CITY KS 66056

ACCOUNT	JOB
001020	0
SOLD ON	7/24/2023 1:26:18 PM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	MAINT
STATION	C01
CASHIER	SC
SALESPERSON	
ORDER ENTRY	

Thank you for your business!

Quantity	UM	Item	Description	D	T	Price	Per	Amount
490	EA	SOP07895-000	92.6 TYPE 1 PORTLAND CEMENT		Y	15.5900	EA	7,639.10
14	EA	SOP07895-001	PALLET CHARGE PER PALLET		Y	25.0000	EA	350.00
14	EA	SOP07895-002	SHRINK WRAP PER PALLET		Y	5.0000	EA	70.00
1	DP	FRT	Freight		N	79.0000	DP	79.00

Payment Method(s) Buyer: DALE

Charge to Acct 8,823.12

KST 8.50%	SubTotal	8,138.10
	Sales Tax	685.02
	Deposit	
<b>Please Pay This Amount</b>		<b>8,823.12</b>

Signature DALE