

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	
Please Pay This Amount		8,823.12

Signature DALE