

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

CLEAVER FARM & HOME



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

CUSTOMER COPY



INVOICE

2401-829241 PAGE 1 OF 1

SOLD TO
SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714

JOB ADDRESS
SEK Energy 149 Benedict Rd. PO Box 55 Benedict KS 66714 620-698-2150

ACCOUNT	JOB
S1283	0
SOLD ON	1/4/2024 11:55:20 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	YORK
STATION	C8
CASHIER	CHRC
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
20	EA	STD	CEMENT PORTLAND TYPE 1 94LB MONARCH	N	Y	14.1210	EA	282.42
1	EA	73191	TARP POLY BLUE/BRN8X10		Y	15.2910	EA	15.29

Payment Method(s)

Charge to Acct 325.99

CHAN 9.50%	SubTotal	297.71
	Sales Tax	28.28
	Deposit	
Please Pay This Amount		325.99

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