

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



**How doers
get more done.**

3001 N BROADWAY, PITTSBURG, KS 66762
ERIC BLAKE, STORE MANAGER (620)231-0831

2220 00001 85116 05/26/25 02:10 PM
SALE CASHIER DEBRA

0000-169-846 94LB PORTLAND <A>
94LB QUIKRETE PORTLAND TYPE I-II
16@14.26 228.16
802024139892 1 IN. X 12 F <A> 13.98
DEWALT IX12 STRAP 500LB - 2PK
6920058910028 8X10 TARP <A>
8'X10' LIGHT DUTY TARP
2@7.98

15.96
SUBTOTAL 258.10
SALES TAX 24.00
TOTAL \$282.10

XXXXXXXXXX4177 HOME DEPOT
AUTH CODE 026925/5011797 USD\$ 282.10
Chip Read TA

AID A0000000049999D8400303 THD PLCC CON

PRO XTRA MEMBER STATEMENT

PRO XTRA ###-##-7073 SUMMARY
THIS RECEIPT PO/JOB NAME: good/lease

2025 PRO XTRA SPEND 05/25: \$660.98

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2220 05/26/25 02:10 PM



2220 01 85116 05/26/2025 3839

RETURN POLICY DEFINITIONS
POLICY ID 11 DAYS 365 POLICY EXPIRE: 05/26/2026

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**How doers
get more done.**

3001 N BROADWAY, PITTSBURG, KS 66762
ERIC BLAKE, STORE MANAGER (620)231-0831

2220 00062 74922 05/24/25 02:54 PM
SALE CASHIER SHAE

887480035728 NUTS&WSHRS <A> 4.57
3/4" NUTS, WSHR AND LOCK WSHR ZP
0000-169-846 94LB PORTLAND <A>
94LB QUIKRETE PORTLAND TYPE I-II
4@14.26 57.04
698416023067 THRD ROD 3 <A> 15.46
ROD THREADED ZINC 36X3/4-10

SUBTOTAL 77.07
SALES TAX 7.17
TOTAL \$84.24

XXXXXXXXXX8300 MASTERCARD USD\$ 84.24
AUTH CODE 410132/7622383 TA
Chip Read
AID A0000000042203 Debit

PRO XTRA MEMBER STATEMENT

PRO XTRA ###-##-7073 SUMMARY
THIS RECEIPT PO/JOB NAME: na

2025 PRO XTRA SPEND 05/23: \$583.91

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2220 05/24/25 02:54 PM



2220 62 74922 05/24/2025 7465

RETURN POLICY DEFINITIONS
POLICY ID 1 DAYS 90 POLICY EXPIRES ON 08/22/2025

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