

**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



How does  
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 1X12 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 PLOC CON

PRO XTRA MEMBER STATEMENT

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

2025 PRO XTRA SPEND 05/25: \$660.98

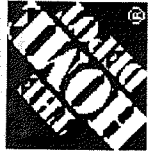
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2220 05/26/25 02:10 PM



2220 01 85116 05/26/2025 3839

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



How does  
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

AUTH CODE 410132/7622383 USD\$ 84.24  
Chip Read TA

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  
A