

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: (_____) _____

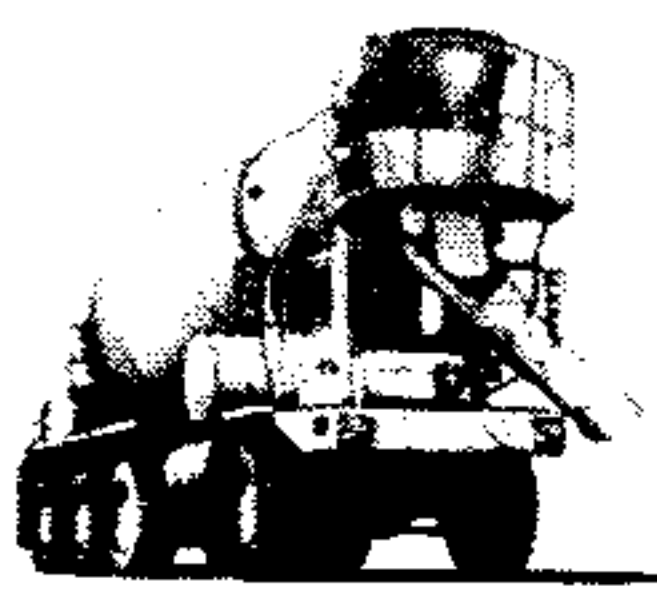
Name of Party Responsible for Plugging Fees: _____

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



Hammerson Ready Mix

1300 2200 Rd.
Gas, KS 66742
620-365-7200

1740 US-54
Ft. Scott, KS 66701
620-224-2800

PLANT 01	TIME 7:24	DATE 07/08/25	ACCOUNT D RHODES	TRUCK J.S	DRIVER GARDON	TICKET 25875
CUSTOMER NAME ERICK RHODES				DELIVERY ADDRESS		
PURCHASE ORDER	SALES ORDER B235	TAX ANDERSON	CREDIT			SLUMP 4.00 in

LOAD QTY.	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
16.00 yd	WELL MUD	WELL (10 SACKS PER YARD)	16.00	16.00		
1.00	FUEL	FUEL BUSHHARDT	1.00	1.00		

LOADED 7:10	ARRIVE JOB SITE 3:40	START DISCHARGE 9:40	FINISH DISCHARGE 12:05	ARRIVE PLANT :
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SUB TOTAL
DISCOUNT
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

This batch of concrete is mixed with the proper amount of water. If additional water is desired, please instruct the driver.

ADDITIONAL WATER
ADDED ON JOB →

Gallons

By

CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact when possible and wash exposed skin areas promptly with water. If any cementitious material gets into the eye, rinse immediately and repeatedly with water and get prompt medical attention. KEEP OUT OF REACH OF CHILDREN

UNLOADING TIME ALLOWED 30 MINUTES PER TRIP
EXTRA CHARGE FOR OVER 30 MINUTES →

RECEIVED IN GOOD CONDITION

BY X

Purchaser waives all claims for personal or property damage caused by seller's truck when delivery is made beyond street curb line. If not paid as agreed, this credit agreement provides for your payment of reasonable costs of collection, including, but not limited to, court costs, attorney fees and/or collection agency fees.