

Kansas Corporation Commission Oil & Gas Conservation Division

1031679

Form CP-1
March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

OPERATOR: License #:		API No. 1	15			
Name:			If pre 1967, supply original completion date:			
Address 1:		Spot Des	scription:			
Address 2: State: Zip: +			Sec Twp S. R East West Feet from North / South Line of Section			
Phone: ()		Footages	Calculated from Neare		n Corner:	
Phone: ()			NE NW SE SW			
			ame:			
		Lease IV	anie.	vveii #.		
Check One: Oil Well Gas Well OG	D&A C	Cathodic Wate	r Supply Well	Other:		
SWD Permit #:	ENHR Permit #: _		Gas Storage	Permit #:		
Conductor Casing Size:	_ Set at:		Cemented with:		Sacks	
Surface Casing Size: Set at:			Cemented with: Sack			
Production Casing Size:	_ Set at:		Cemented with:		Sacks	
List (ALL) Perforations and Bridge Plug Sets:						
Elevation: (G.L. / K.B.) T.D.: Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if additional a	Casing Leak at:	,		Stone Corral Formatio	ın)	
Is Well Log attached to this application? Yes No If ACO-1 not filed, explain why:	Is ACO-1 filed?	Yes No				
Plugging of this Well will be done in accordance with K.S. Company Representative authorized to supervise plugging of	— — -	•		•	ssion	
Address:		City:	State:	Zip:	+	
Phone: ()						
Plugging Contractor License #:		Name:				
Address 1:		Address 2:				
City:			State:	Zip:	+	
Phone: ()						
Proposed Date of Plugging (if known):						

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically