

## Kansas Corporation Commission Oil & Gas Conservation Division

1032437

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. 15			
Name:	If pre 1967	If pre 1967, supply original completion date:			
Address 1:		Spot Desci	ription:		
Address 2:			Sec Tv	wp S. R	East West
City: State:			Feet from	North /	South Line of Section
Contact Person:			Feet from	East /	West Line of Section
Phone: ( )		Footages (	Calculated from Neare		n Corner:
Pnone: ( )			NE NW	SE SW	
		Lease Nan	ne:	vveii #:	
Check One: Oil Well Gas Well OC	G D&A Ca	athodic Water S	Supply Well	Other:	
SWD Permit #:	_ ENHR Permit #: _			Permit #:	
Conductor Casing Size:	Set at:	C	emented with:		Sacks
Surface Casing Size:			emented with:		
Production Casing Size: Set at:			Cemented with: Sac		
List (ALL) Perforations and Bridge Plug Sets:					
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if add		(Interval)	(	Stone Corral Formatio	n)
Is Well Log attached to this application? Yes N If ACO-1 not filed, explain why:	lo Is ACO-1 filed?	Yes No			
Plugging of this Well will be done in accordance with King Company Representative authorized to supervise plugging	•	_			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