

**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

## 1034069

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:					API No. 15			
Name:				Spot Description:				
Address 1:					Sec	Тwp S. R	East West	
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:				
City: State: Zip: +           Contact Person:								
								Phone: ( )
Type of Well: (Check one)			odic	County: _				
				Lease Name: Well #:  Date Well Completed:				
								Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List A		sheet)		by:		(KCC <b>D</b>	istrict Agent's Name)	
Depth to Top: Bottom: T.D					Plugging Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:				
Depth to	Top: Botto	m: T.D						
Show depth and thickness of a		ations.		5 //5 /				
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Prod			· ·		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us	. 00					ods used in introducir	ng it into the hole. If	
Plugging Contractor License #:				vame:				
Address 1: A				dress 2:				
City:				_ State:		Zip:	+	
Phone: ( )				_				
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _			, ss.				
				Fm	plovee of Operator of	Operator on ab	ove-described well	

**Submitted Electronically** 

(Print Name)

the same are true and correct, so help me God.

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