

**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

1034075

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 #:			1	API No. 15	5		
Name:				Spot Description:			
Address 1:				•	•	wp S. R East	West
					Feet from		
City:				Feet from East / West Line of Section			
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Phone: ( )					NE NW	SE SW	
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.				County: Well #: Well #: Date Well Completed: (Date)  by: (KCC District Agent's Name)  Plugging Commenced: Plugging Completed:			
Dep	oth to Top:	Bottom: T.D		Plugging (	ompietea:		
Show depth and thicknes	s of all water, oil and gas	formations.					
Oil, Gas or V		Casing Record (Surface, Conductor & Produ			uction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		plugged, indicating where the ter of same depth placed from		•		ods used in introducing it into the	hole. If
Plugging Contractor License #:			Name: _	lame:			
Address 1:				.ddress 2:			
City:				State:		Zip:+	
Phone: ( )							
Name of Party Responsib	ole for Plugging Fees:						
State of	Cou	ınty,			ployee of Operator or	Operator on above-describe	ed 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.

(Print Name)