

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1034724

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 Twp S. R East West		
Address 2:				Feet fror	m North / South Line of Section	
City:	State:			Feet fror	m East / West Line of Section	
Contact Person:			Footag	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()				☐ NE ☐ NW ☐ SE ☐ SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathoo	lic County	:		
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:		
ENHR Permit #: Gas Storage Permit #:			Date W	Date Well Completed:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				•	proved on: (Date)	
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name)		
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth	ttom: T.D	""	Plugging Completed:			
Depth	to Top: Bo	ttom:T.D				
Show depth and thickness of		mations.				
Oil, Gas or Water Records			- 	asing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
	•	gged, indicating where the much of same depth placed from (bo	•		nods used in introducing it into the hole. If	
Plugging Contractor License #: N			Name:			
Address 1:			Address 2:			
City:			State: _			
Phone: ()						
Name of Party Responsible f	or Plugging Fees:					
State of	County	/,	, SS.			
(Print Name)				Employee of Operator of	or Operator on above-described well,	

Submitted Electronically

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