

**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

## 1035642

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	5		
Name:				Spot Description:			
Address 1:				Sec Twp S. R East West			
					Feet from	North / South Li	ine of Section
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:			
Depth to	o Top: Bo	ttom:T.D		33 3			
Show depth and thickness of	all water, oil and gas for	mations.					
Oil, Gas or Water Records			Casing	Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
	•	gged, indicating where the mount of same depth placed from (b		•		ods used in introducing it in	to the hole. If
Plugging Contractor License #:				Name:			
Address 1:				Address 2:			
City:				_ State:		Zip:	+
Phone: ( )				_			
Name of Party Responsible for	or Plugging Fees:						
State of	County	/,			inlovee of Operator of	Operator on above-di	escribed 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)