

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1036440

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 19	If pre 1967, supply original completion date:									
Address 1:		Spot De	scription:									
Address 2:			Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section									
									Footage	s Calculated from Neare		Corner:
							Phone: ()		—	NE NW SE SW County:		
		· · ·	lame:									
		Lease N		vven #								
Check One: Oil Well Gas Well OG	D&A Cat	hodic Wate	er Supply Well	Other:								
SWD Permit #:	ENHR Permit #:		Gas Storage	Permit #:								
Conductor Casing Size:	_ Set at:		Cemented with:		Sacks							
face Casing Size: Set at:			Cemented with: Sacks									
Production Casing Size:	_ Set at:		Cemented with:		Sacks							
List (ALL) Perforations and Bridge Plug Sets:												
Proposed Method of Plugging (attach a separate page if addit	tional space is needed):	(Interval)										
Is Well Log attached to this application?	Is ACO-1 filed?	Yes 🗌 No										
If ACO-1 not filed, explain why:												
Plugging of this Well will be done in accordance with K.	S.A. 55-101 <u>et. seq</u> . and the	Rules and Regu	lations of the State Cor	poration Commiss	ion							
Company Representative authorized to supervise plugging	operations:											
Address:	C	City:	State:	Zip:								
Phone: ()												
Plugging Contractor License #:	N	Name:										
Address 1:	Α	ddress 2:										
City:			State:	Zip:	+							
Phone: ()												
Proposed Date of Plugging (if known):												
Payment of the Plugging Fee (K.A.R. 82-3-118) will be gu	uaranteed by Operator or A	gent										

Submitted Electronically