

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

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 from North / South Line 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) 0 Water Supply Well 0 ENHR Permit #:	OG D&A Cathoo SWD Permit #: orage Permit #:	Leas		County:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on:			
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:			
	· 						
Show depth and thickness of	all water, oil and gas form	ations.					
Oil, Gas or Water Records Casing				Record (Surface, Conductor & Production)			
Formation	Content	Casing			Setting Depth Pulled Out		
Describe in detail the manner cement or other plugs were u						ous used in introducing i	Timo the note. If
Plugging Contractor License #:			Name: _				
Address 1: A				ess 2:			
City:				State:		Zip:	+
Phone: ()				-			
Name of Party Responsible for	or Plugging Fees:						
State of	County,			SS.			
							- 4 2 2 2
	(Print Name)			Em	nployee of Operator or	Operator on above	3-uescribed 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.