

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

1042468

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:				SecTwp S. R East West Feet from North / South Line of Section						
								Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:		
				Phone: ()						
				Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: Gas Storage Permit #:				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No										
Producing Formation(s): List All (If needed attach another sheet)										
• ,	,	m: T.D								
Depth to Top: Bottom: T.D				Plugging Commenced:						
Depth to Top: Bottom: T.D										
Show depth and thickness of a	all water, oil and gas forma	ations.								
Oil, Gas or Water Records			Casing Recor	sing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us						Is used in introducing it into the hole. If				
Plugging Contractor License #:			Name:	e:						
Address 1:			Address 2:							
City:			Sta	te:		Zip:+				
Phone: ()										
Name of Party Responsible fo	r Plugging Fees:									
State of Co		nty,		S.						
(Print Name)				_ Emp	ployee of Operator 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