

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

N 1044228

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 #:			1	API No. 15	j	
Name:				Spot Description:		
Address 1:					Sec 1	wp S. R East West
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:		
City:						
Contact Person:						
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 #: s 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.				County: Lease Name: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:		
Depth to Top: Bottom: T.D						
Depth to	Top: Botto	m:T.D		Plugging C	Completed:	
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records			Casing R	sing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
cement or other plugs were us						ods used in introducing it into the hole. If
Plugging Contractor License #:			Name: _	Name:		
Address 1:				Address 2:		
City:				State: +		
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	•				player of Or and	Operator on above-described well,
				_ ⊨m [,]	Dioyee of Operator or	Uperator on above-described 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)