

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

1045269

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) Oil Well Gas Well OG D&A Catl Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:			Lease	County:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)				The plugging proposal was approved on: (Date)		
					(KCC District Agent's Name)	
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Commenced:		
•	m: T.D	Plugging Completed:				
Depth to	5 TOP BOILO	m: T.D				
Show depth and thickness of	all water, oil and gas forma	ations.	'			
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us	. 00		•		ods used in introducing it into 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		SS			
-				F	0	
(Print Name)				Employee 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