

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

1045302

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 #:			I AP	I No. 15 -				
Name:				Spot Description:				
Address 1:						wp S. R		
Address 2:					Feet from	North / S	outh Line of Section	
City:				Feet from East / West Line of Section				
Contact Person:				Footages Calculated from Nearest Outside Section Corner:				
Phone: ()				1	NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic Co	untv.				
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:				
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:				
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)				
Producing Formation(s): List A	•	,				(KCC I	District Agent's Name	
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth to Top: Bottom: T.D				Plugging Completed:				
Depth to	o Top: Botto	m: T.D		00 0 1				
Show depth and thickness of a		ations.						
Oil, Gas or Water Records			Casing Recor	Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Set	ting Depth	Pulled Out		
1								
Describe in detail the manner cement or other plugs were us		-	•			ds used in introduci	ng it into the hole. If	
Plugging Contractor License #:								
Address 1:			Address 2:					
City:			Sta	ite:		Zip:	+	
Phone: ()								
Name of Party Responsible fo	or Plugging Fees:							
State of	County, _		, s	S.				
				Employe	e of Operator or	Operator on a	bove-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