

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

1045517

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 Tv	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)		OG D&A Cathoo	dic Coun	ıty:		
Water Supply Well Other: SWD Permit #:				Lease Name: Well #: Date Well Completed:		
ENHR Permit #: Gas Storage Permit #:						
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 District Agent's Name	
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to Top: Bottom: T.D						
Depth to	Top: Botto	om:T.D				
Show depth and thickness of a	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					ds used in introducing it into the hole. It	
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State:	:	Zip:+	
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _		, SS.			
	(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