

Employee of Operator or Operator on above-described well,

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

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:			1	API No. 15	i		
Name:				Spot Description:			
Address 1:				•	·	wp S. R East West	
Address 2:					Feet from		
City: State: Zip: +				Feet from East / West Line of Section			
Contact Person:							
Phone: ( )				Ü	NE NW	SE SW	
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County:			
Water Supply Well Other: SWD Permit #:							
ENHR Permit #: Gas Storage Permit #:							
Is ACO-1 filed? Yes No If not, is well log attached? Yes				No Date Well Completed:			
Producing Formation(s): List A						(KCC <b>District</b> Agent's Name)	
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:			
Depth to	Top: Botton	m: T.D		Plugging C	ompietea:		
Show depth and thickness of a	all water, oil and gas forma	itions.					
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. If	
Plugging Contractor License #:			Name: _				
Address 1:			Address	Address 2:			
City:				State:		Zip:+	
Phone: ( )							
Name of Party Responsible for	r Plugging Fees:						
State of County,				_ , SS.			

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)