

**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

## 1052840

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 Tw	/p 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: State: Zip: +							
Contact Person:							
Phone: ( )					NE NW	SE SW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic C	ountv	r:		
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:			
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	All (If needed attach another	sheet)	by	r:		(KCC <b>District</b> Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:  Plugging Completed:			
Depth to Top: Bottom: T.D							
Depth to	m:T.D						
				—			
Show depth and thickness of		ations.					
Oil, Gas or Water Records				asing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us	. 00					ds used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ne:			
Address 1:			Address 2: _				
City:			St	ate: _		Zip: +	
Phone: ( )							
Name of Party Responsible fo	r Plugging Fees:						
State of County,			,	SS.			
			[	[	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