

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

1061938

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 #: | | | ı | API No. 15 | 5 - | |
|---|------------------------------|----------------|----------|--|-----------------------|--|
| Name: | | | | Spot Description: | | |
| Address 1: | | | | • | · | 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: State: + Contact Person: | | | | | | |
| | | | | | | |
| Type of Well: (Check one) | Oil Well Gas Well | OG D&A Cathodi | С | County: | | |
| 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 | | | | | | |
| Producing Formation(s): List All (If needed attach another sheet) | | | | | | |
| Depth to Top: Bottom: T.D | | | | | | |
| 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 R | sing Record (Surface, Conductor & Production) | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Describe in detail the manner cement or other plugs were us | | | | | | ods used in introducing it into the hole. If |
| Plugging Contractor License #: | | | Name: _ | me: | | |
| Address 1: | | | Address | 2: | | |
| City: | | | | State: + + | | |
| Phone: () | | | | | | |
| Name of Party Responsible fo | or Plugging Fees: | | | | | |
| State of | | | _ , SS. | | | |
| | | | | | ployee of Operator or | Operator on above-described well, |
| (Print Name) | | | | | | |

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.