

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

1064398

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 #:			ΙA	PI No. 15				
Name:				Spot Description:				
Address 1:			_		Sec Tv	vp 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:				
								Phone: ()
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	ounty.				
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				Lease Name: Well #:				
				Date Well Completed: (Date) The plugging proposal was approved on: (Date)				
								Producing Formation(s): List
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Commenced:				
								Depth t
Show depth and thickness of	all water, oil and gas form	ations.						
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Settin	ng Depth	Pulled Out		
cement or other plugs were u	ised, state the character of	ged, indicating where the muc i same depth placed from (bot	ttom), to (top)) for each plug se	et.			
Plugging Contractor License #:								
City:			St	tate:		Zip:	+	
⁵ hone: ()								
Name of Party Responsible for	or Plugging Fees:							
State of	County,		,	SS.				
				Employee of	of Operator or	Operator on a	bove-described well,	

Submitted Electronically

(Print Name)

the same are true and correct, so help me God.

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