

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.

Name of Party Responsible for Plugging Fees: ___

State of ____

_ County, ___

(Print Name)

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	-		
Name:				Spot Description:			
Address 1:				•	•	/p S. R East West	
Address 1:				Feet from North / South Line of Section			
City: State: Zip: +				Feet from East / West Line of Section			
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Phone: ()					NE NW	SE SW	
Type of Well: (Check one)	oil Well Gas Well	OG D&A Cathodi	c	_			
Water Supply Well Other: SWD Permit #:				County:			
ENHR Permit #: Gas Storage Permit #:				Lease Name: Well #:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed:			
Producing Formation(s): List All (If needed attach another sheet)							
Depth to Top: Bottom: T.D				by:(KCC District Agent's Name)			
				Plugging Commenced:			
				Plugging Completed:			
Dopin to	10p Botto	<u></u> 1. <i>D</i>					
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. If	
Plugging Contractor License #:							
City:				State:		Zip:+	
Phone: ()							

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.

______ , SS.