

**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

## 1066253

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 #:			1	API No. 1	5		
Name:				Spot Description:			
Address 1:				•	•	S. R	
					Feet from		uth 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 Cathodic  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  Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.  Depth to Top: Bottom: T.D.				County:  Lease Name: Well #:  Date Well Completed: (Date)  by: (KCC District Agent's Name)  Plugging Commenced:  Plugging Completed:			
Show depth and thickness of	all water, oil and gas for	mations.					
Oil, Gas or Water Records			Casing F	sing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
	•	gged, indicating where the muon of same depth placed from (bo		-		ods used in introducing	g it into the hole. If
Plugging Contractor License #:			Name: _	me:			
Address 1:			Address	ddress 2:			
City:				_ State: +			
Phone: ( )							
Name of Party Responsible for	or Plugging Fees:						
State of County,					nployee of Operator or	Operator on abo	ove-described well,

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)