

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

1067086

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 #:			l apin	No. 15		
Name:				Spot Description:		
Address 1:			I -	Sec ⁻	_	
Address 2:				Feet from		
City:				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 #: s ACO-1 filed? Yes No If not, is well log attached? Yes No				County: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)		
Producing Formation(s): List A			_		(KCC District Agent's Nam	
Depth to Top: Bottom: T.D						
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:		
Depth to	Top: Botto	m:T.D		ging Completed:		
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records			Casing Record	asing 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.	
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State	:		
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _		, SS.			
	(2:)			Employee of Operator or	r Operator on above-described we	

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)