

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

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

## 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 #:			I ADI	No. 15 -		
OPERATOR: License #:				API No. 15  Spot Description:		
Address 1:				SecTwp S. R East West		
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 #:  Is 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)		
• ,	•	· · · · · · · · · · · · · · · · · · ·			(KCC <b>District</b> Agent's Name)	
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to	•	om: T.D	Plug	ging Completed:		
Show depth and thickness of	all water, oil and gas form	ations.				
Oil, Gas or Water Records Casin			Casing Record	g Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us		_	•		ids used in introducing it into the hole. If	
Plugging Contractor License #:						
Address 1:			Address 2:			
City:			State	Đ:	Zip: +	
Phone: ( )						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, -		, SS.			
	(Print Name)			Employee of Operator or	Operator on above-described well,	
	(Print Name)					

Submitted Electronically

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