

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

1068980

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 #:				API No. 15			
Name:				Spot Description:			
				SecTwp S. R EastWest Feet from North / South Line of Section			
Address 2:							
City: State: Zip: +			.	Feet from East / West Line of Section			
Contact Person:				Footages Calculated from Nearest Outside Section Corner: NE NW SE SW			
Phone: ()							
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:			
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well	Completed:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:			
Producing Formation(s): List All (If needed attach another sheet)							
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to	o Top: Botto	m:T.D		00 0	•		
Show depth and thickness of		ations.					
Oil, Gas or Wate		Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		ed, indicating where the mud same depth placed from (bot				Is used in introducing it into the hole. If	
Plugging Contractor License #:							
Address 1:			Address 2:				
City:				State:		Zip: +	
Phone: ()							
Name of Party Responsible for	or Plugging Fees:						
State of County,				, SS.			
				Em	ployee of Operator or	Operator on above-described well,	

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