

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

1068984

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. 1	5			
Name:				Spot Description:				
Address 1:						wp S. R East W	est	
Address 2:			-		Feet from	North / South Line of Sect	on	
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 a	all water, oil and gas form	ations.						
Oil, Gas or Water	Records		Casing Record (Surface, Conductor & Produ			uction)		
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	If	
Plugging Contractor License #:			Name:	lame:				
Address 1:			Address 2:	Address 2:				
City:			8	tate:		Zip:++	_	
Phone: ()								
Name of Party Responsible for	r Plugging Fees:						—	
State of	County, _		·		nployee of Operator or	Operator on above-described w	ell,	

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)