

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

1069043

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

Spot Description: Spot	OPERATOR: License #:					API No. 15				
State Zip Feet from North / South Line of Section Street Feet from Street Feet from Street Feet from Street Feet Feet Feet Feet Feet Feet Feet	Name:									
City:	Address 1:			_		Sec Tv	vp S. R	East	West	
Contact Person: Fhone (Address 2:					Feet from North / South Line of Section				
Phone (City:				Feet from East / West Line of Section					
Type of Wellt; (Check one)	Contact Person:				Footages Calculated from Nearest Outside Section Corner:					
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Dep	Phone: ()				1	NE NW	SE S	SW		
Water Supply Well Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	untv.					
ENIR Permit #:	Water Supply Well Other: SWD Permit #:									
As ACC-1 filed?	ENHR Permit #: Gas Storage Permit #:									
Depth to Top:	Is ACO-1 filed? Yes No If not, is well log attached? Yes No				·					
Depth to Top:	Producing Formation(s): List /	All (If needed attach another	r sheet)	by:			(/	CCC District Agent's	Name)	
Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Size Setting Depth Pulled Out Content Casing Size Setting Depth Pulled Out Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If zeroent or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Name: Address 1: Address 2: Zip: +	Depth to	o Top: Botto	om: T.D							
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Address 1: Address 2:	cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top) t	or each	plug set.				
City:	Plugging Contractor License #: N				e:					
Phone: ()	Address 1:			Address 2:						
Name of Party Responsible for Plugging Fees:	City:			Sta	ıte:		Zip:	+		
State of, ss.	Phone: ()									
	Name of Party Responsible for	or Plugging Fees:								
	State of	County, _		, S	S.					
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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