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** 

1070672

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:                                                                                                                                                                                |
| Address 1:                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                  |
| Address 2:                                                                                                                                                                                                                                                                                                                                              | Feet from North / South Line of Section                                                                                                                                                          |
| 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 #:  SWD Permit #:  SWD Permit #:    ENHR Permit #:  Gas Storage Permit #:  Gas Storage Permit #:  No    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All (If needed attach another sheet) | County: Well #:<br>Lease Name: Well #:<br>Date Well Completed:<br>The plugging proposal was approved on: (Date)<br>by: (KCC District Agent's Name)<br>Plugging Commenced:<br>Plugging Completed: |

Show depth and thickness of all water, oil and gas formations.

| Oil, Gas or Water Records |         | Casing Record (Surface, Conductor & Production) |      |               |            |
|---------------------------|---------|-------------------------------------------------|------|---------------|------------|
| Formation                 | 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 cement 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:                                          |                                               |
| City:                                       |                                   | State:                                              | Zip: +                                        |
| Phone: ( )                                  |                                   |                                                     |                                               |
| Name of Party Responsible for Plugging      | g Fees:                           |                                                     |                                               |
| State of                                    | County,                           | , SS.                                               |                                               |
|                                             | (Print Name)                      |                                                     | or or Operator on above-described well        |
| haing first duly sugars an eath source. The | at I have knowledge of the factor | totomonto, and mottors harain contained, and the la | a of the choice described well is so filed on |

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.

## Submitted Electronically