

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

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

Address 1:	OPERATOR: License #:			API No.	15			
Address 2:    State:   Zip:   +	Name:				Spot Description:			
City: State: Zip: +	Address 1:				Sec	Twp S. R	East West	
Contact Person:	Address 2:				Feet from	North / Sou	th Line of Section	
Phone: (	City:				Feet from East / West Line of Section			
Type of Welf: (Check one)   Oil Welf   Gas Welf   OG   D&A   Cathodic   Water Supply Welf   Other:   SWD Permit #:   Lease Name:   Date Welf #:   Date Welf #:   Date Welf #:   Date Welf Comploted:   The plugging proposal was approved on:   (Courty:   Lease Name:   Welf #:   Date Welf Comploted:   The plugging proposal was approved on:   (Courty:   Lease Name:   Welf #:   Date Welf Comploted:   The plugging proposal was approved on:   (Courty:   Lease Name:   Welf #:   Date Welf Comploted:   The plugging proposal was approved on:   (Courty:   Lease Name:   Welf #:   Date Welf Comploted:   The plugging proposal was approved on:   (Courty:   Lease Name:   Welf #:   Date Welf Comploted:   The plugging proposal was approved on:   (Courty:   MCC District Agent's Name   Plugging Commenced:   Plugging Commenced:   Plugging Commenced:   Plugging Completed:   Plugging Completed	Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Water Supply Well   Other:	Phone: ( )				NE NW SE SW			
Water Supply Well   Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	C County:				
ENHR Permit#:	Water Supply Well Other: SWD Permit #:							
ACC-1 filled? Yes	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: Bottom: T.D. Plugging Commenced: Plugging Completed:  Depth to Top: Bottom: T.D. Plugging Completed: Plugging Co	Producing Formation(s): List	— All (If needed attach anoth	ner sheet)	-				
Depth to Top:	Depth	to Top: Bot	tom: T.D					
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. Describe in detail the manner in which the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Name:  Address 2:  City:  State:  Zip:   Phone: ()  Name of Party Responsible for Plugging Fees:  State of  County,, ss.	Depth	to Top: Bot	tom: T.D	1 00 0				
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. The content 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:  Plunging Fees:  State of  County,  , ss.	Depth	to Top: Bot	tom:T.D		Completed:			
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Formation Content Casing Size Setting Depth Pulled Out    Content Casing   Size   Setting Depth   Pulled Out	Show depth and thickness of	all water, oil and gas for	mations.					
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Plugging Contractor License #: Name:	Formation	Content	Casing	Size	Setting Depth	Pulled Out		
Plugging Contractor License #: Name:								
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Address 1: Address 2:	ement or other plugs were t	ised, state the character	or same deptn placed from (bot	tom), to (top) for ea	cn piug set.			
City:	Plugging Contractor License #: Na			Name:	:			
Phone: ( )	Address 1:			Address 2:				
Name of Party Responsible for Plugging Fees:	City:			State:		Zip:	+	
State of, ss.	Phone: ( )							
	Name of Party Responsible f	or Plugging Fees:						
	State of	Countv		, SS.				
		•						

Submitted Electronically

(Print Name)

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

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