

**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

## 1071553

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:				SecTwp S. R EastWest Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW SW County:						
							Contact Person:			
							Phone: ( )			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic  Water Supply Well Other: SWD Permit #:										
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)			
Producing Formation(s): List A	•			by:		(KCC <b>District</b> Agent's Name)				
Depth to Top: Bottom: T.D				Plugging Commenced:						
Depth to Top: Bottom: T.D				Plugging Completed:						
Depth to	Top: Botto	m:T.D								
Show depth and thickness of a		ations.								
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)							
Formation	Content	Casing	Size		Setting Depth	Pulled Out				
Describe in detail the manner cement or other plugs were us		-				ds used in introducing it into the hole. If				
Plugging Contractor License #:			Name:	ime:						
Address 1:			Address 2:	:						
City:			;	State:		Zip:+				
Phone: ( )										
Name of Party Responsible for	r Plugging Fees:									
State of County,				, ss.						
(Drint Marca)				E	mployee 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