

**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

1073923

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:		
Address 2:						
City:						
Contact Person:						
Phone: ( )				NE NW	SE SW	
Type of Well: (Check one)	OG D&A Cathodic	Coun	County: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: (Date) The plugging proposal was approved on: (Date)		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No						
Producing Formation(s): List A	All (If needed attach another	sheet)	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		,g		
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records			Casing Record	(Surface, Conductor & Produ	ection)	
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:			
Address 1:			Address 2:			
City:			State	:	Zip:+	
Phone: ( )						
Name of Party Responsible fo	r Plugging Fees:					
State of County,			, SS.			
(Print Nama)				Employee 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