

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

1073953

Employee of Operator or Operator on above-described well,

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 #:			l API No. 15	5 -	
Name:			Spot Description:		
Address 1:					wp S. R East West
Address 2:				Feet from	
City:				Feet from	
Contact Person:					
Phone: ()				□ NE □ NW □	
Type of Well: (Check one)	OG D&A Cathodic				
Water Supply Well Other: SWD Permit #:			County: Well #:		
ENHR Permit #:		rage Permit #:	Lease Nar		
		log attached? Yes		•	roved on: (Date)
Producing Formation(s): List A					(KCC District Agent's Name)
Depth to	•	m: T.D			
Depth to Top: Bottom: T.D			Plugging Commenced:		
Depth to	Top: Botton	m:T.D		Completed:	
Show depth and thickness of a	all water, oil and gas forma	tions.			
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)		uction)
Formation	Content	Casing	Size	Setting Depth	Pulled Out
cement or other plugs were us	. 00		•		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 for	r Plugging Fees:				
State of	ate of County,				

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.

(Print Name)