

**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

## 1077158

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. 1	5			
Name:				Spot Description:				
Address 1:					·	Twp S. R		
					Feet from		outh Line of Section	
City:				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 #:					County:			
ENHR Permit #: Gas Storage Permit #:				Lease Name: Well #:				
s ACO-1 filed? Yes No If not, is well log attached? Yes No					Date Well Completed:			
Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D					by: (KCC <b>District</b> Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth t		ottom:T.D		Plugging	Completed:			
Show depth and thickness of	all water, oil and gas fo	ormations.						
Oil, Gas or Water Records Casing				Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth		Pulled Out	
		, ,						
	•	ugged, indicating where the mer of same depth placed from (		•		ous used in introduci	ig it into the note. If	
Plugging Contractor License #:				Name:				
Address 1:			Addres	ss 2:				
City:				_ State:		Zip:	+	
Phone: ( )				_				
Name of Party Responsible f	or Plugging Fees:							
State of	Cour	ıty,		, SS.				
				Em	nployee of Operator o	r Operator on al	oove-described well.	

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)