

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

1080908

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:				Sec Twp S. R East West Feet from North / South Line of Section			
Address 2:							
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 Cathodi	c County:				
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:			
ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Completed:			
				The plugging proposal was approved on: (Date)			
Producing Formation(s): List A	All (If needed attach another	sheet)	by:		(KCC Di	strict Agent's Name)	
Depth to	Top: Botto	m: T.D	Plugging (Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to	Top: Botto	m:T.D		oomplotod.			
Show depth and thickness of a	all water, oil and gas forma	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	. 00		•		ds used in introducin	g it into the hole. If	
Plugging Contractor License #:			Name:	me:			
Address 1:			Address 2:				
City:			State:		Zip:	+	
Phone: ()							
Name of Party Responsible fo	or Plugging Fees:						
State of County,			, ss.				
			Em	ployee of Operator or	Operator on ab	ove-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.