

Employee of Operator or Operator on above-described well,

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Name of Party Responsible for Plugging Fees: \_\_\_\_

(Print Name)

## Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:				API No. 15		
Name:			Spot Description:			
Address 1:				Sec Twp S. R East West		
Address 2:			Feet from North / South Line of Section Feet from East / West Line of Section			
City:	Zip:++					
Contact Person:			Footages Calculated from Nearest Outside Section Corner:			
Phone: ( )			NE NW SE SW  County:  Lease Name: Well #:  Date Well Completed:  The plugging proposal was approved on: (Date)			
Type of Well: (Check one)	OG D&A Cathodi	County:				
	-	Lease Na				
ENHR Permit #:	rage Permit #:					
Is ACO-1 filed? Yes	log attached? Yes	No The plug				
Producing Formation(s): List A	•				(KCC <b>District</b> Agent's Name)	
Depth to	m: T.D	Plugging	Plugging Commenced:			
Depth to	m: T.D	Plugging Completed:				
Depth to	m: T.D	<del></del>				
Show depth and thickness of a		ations.				
Oil, Gas or Water Records			Casing Record (Surface, Conductor & P			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		_	•		ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ame:		
Address 1:			Address 2:			
City:			State:			

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.

\_\_\_\_\_\_, ss.