

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

1082230

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

		N.A.N. C	02-3-117				
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			
City:				Feet from East / West Line of Section			
Contact Person:							
Phone: ()					NE NW	SE SW	
Type of Well: (Check one)	oil Well Gas Well	OG D&A Cathod	lic				
Water Supply Well Other: SWD Permit #:				Lease Name: Well #: Date Well Completed:			
ENHR Permit #: Gas Storage Permit #:							
Is ACO-1 filed? Yes No If not, is well log attached? Yes							
Producing Formation(s): List A							
• ,	•	m: T.D				(KCC District Agent's Name)	
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:			
Depth to Top: Bottom:T.D							
Depti to	тор воло	iii i.b					
Show depth and thickness of a	all water oil and gas forma	ations					
			Casina E	Popord (Surfa	on Conductor & Broo	luction)	
- ,	Oil, Gas or Water Records			Record (Surface, Conductor & Prod		,	
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 #:							
Address 1:			Address 2:				
City:				State:		Zip:+	
Phone: ()							
Name of Party Responsible for	r Plugging Fees:						
State of County.				. SS.			

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)