

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: \_\_\_\_

\_\_ County, \_\_\_

(Print Name)

State of \_\_\_\_

## 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 #:					
Name:		Spot Desc	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 Cathodic  Water Supply Well Other: SWD Permit #:			County: Well #:		
ENHR Permit #: Gas Storage Permit #:			Date Well Completed:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No			The plugging proposal was approved on: (Date)		
Producing Formation(s): List All (If needed attach another sheet)			by: (KCC District Agent's Name)		
Depth to Top: Bottom: T.D					
Depth to Top: Bottor	Plugging C	I Plugging Completed:			
·	I Pluaaina C				
Depth to Top: Bottor	m:T.D				
Show depth and thickness of all water, oil and gas forma		<b>'</b>			
Oil, Gas or Water Records Casing			Record (Surface, Conductor & Production)		
Formation Content	Casing	Size	Setting Depth	Pulled Out	
Describe in detail the manner in which the well is plugged cement or other plugs were used, state the character of				ds used in introducing it into the hole. If	
Plugging Contractor License #:		Name:	ame:		
Address 1:		Address 2:			
City:		State:		Zip:+	

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.