

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

the same are true and correct, so help me God.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## 1088965

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:   |                               |                             |   | SecTwp S. R EastWest 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 Cathod               | ic County                                       | <i>.</i>   |                                    |  |
| Water Supply Well  | Other:                        | SWD Permit #:               | 1 .   |  |                                    |  |
| ENHR Permit #: Gas Storage Permit #:                       |                               |                             |   | Date Well Completed:   |                                    |  |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes N |                               |                             |   | The plugging proposal was approved on: (Date)                |                                    |  |
| Producing Formation(s): List                               | All (If needed attach another | r sheet)                    |   |  | (KCC <b>District</b> Agent's Name) |  |
| Depth to   | o Top: Botto                  | om: T.D                     |   |  |                                    |  |
| Depth to   | o Top: Botto                  | om: T.D                     | Plugging Commenced:                             |  |                                    |  |
| Depth to   | o Top: Botto                  | om:T.D                      | Fluggii   | ig Completed   |                                    |  |
|  |                               |                             |   |  |                                    |  |
| Show depth and thickness of                                | 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                         |  |
|  |                               |                             |   |  |                                    |  |
|  |                               |                             |   |  |                                    |  |
|  |                               |                             |   |  |                                    |  |
|  |                               |                             |   |  |                                    |  |
|  |                               |                             |   |  |                                    |  |
|  |                               |                             |   |  |                                    |  |
| ement of other plugs were u                                | seu, state the Character Of   | same depth placed from (bot | копт, ко (кор) тот е                            | acii piug set.   |                                    |  |
| Plugging Contractor License #:                             |                               |                             |   |  |                                    |  |
| Address 1:   |                               |                             | Address 2:                                      |  |                                    |  |
| City:  |                               |                             |   |  | Zip:+                              |  |
| Phone: ( )   |                               |                             |   |  |                                    |  |
| Name of Party Responsible for                              | or Plugging Fees:             |                             |   |  |                                    |  |
| State of County,   |                               |                             | , SS.   |  |                                    |  |
|  | (Drint Mana)                  |                             |   | Employee of Operator or                                      | Operator on above-described well,  |  |
|  | (Delect Messes)               |                             |   | r, - 5 5. Spoidtoi 01  |                                    |  |

Submitted Electronically

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