

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

1091711

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 #:			AP	No. 15					
				ot 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:			Foo	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County:					
Phone: ()									
Type of Well: (Check one)	Oil Well Gas We	II OG D&A Ca	thodic						
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #: Date Well Completed:					
ENHR Permit #:	Ga	s Storage Permit #:							
Is ACO-1 filed? Yes	No If not, i	s well log attached? Yes		e vveil Completed e plugging proposal was ap					
Producing Formation(s): Lis	t All (If needed attach ar	nother sheet)		1 100 01 11 11 11	•				
Depth	to Top:	Bottom: T.D							
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D Show depth and thickness of all water, oil and gas formations.				gging Commenced:					
Depth	to Top:	Bottom:T.D		Plugging Completed:					
Show depth and thickness of	of all water, oil and gas	formations.							
Oil, Gas or Wa	ter Records		Casing Recor	d (Surface, Conductor & Pro	duction)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out				
		plugged, indicating where the ter of same depth placed from							
Plugging Contractor License #:									
Address 1:			Address 2:						
City:			Sta	te:	Zip:	+			
Phone: ()									
Name of Party Responsible	for Plugging Fees:								
State of	Cou	inty,	, S	S.					
		·	,	Employee of Operator	On Oneroter and	above-described well,			
	(Print Na			_ Employee of Operator (or Operator on a	above-described well,			

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



TICKET NUMBER

DATE	CUSTOMER#	T WE	LL NAME & NUM	CEMEN IBER	SECTION	TOWNSHIP	RANGE	
5-30-12						_1	<u> </u>	COUNTY
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ITY		STATE	ZIP CODE	ROC	766	Bobbys		
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