

**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

## 1092766

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:  |                               |                | _            |  | Sec Tw                  | /p S. R East West                           |  |
| Address 2:  |                               |                |              | Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: |                         |   |  |
| City: State: Zip: +   |                               |                |              |  |                         |   |  |
| Contact Person:   |                               |                |              |  |                         |   |  |
| Phone: ( )  |                               |                |              |  | NE NW                   | SE SW                                       |  |
| Type of Well: (Check one)                                   | Oil Well Gas Well             | OG D&A Cathodi | ic C         | ountv  | r:                      |   |  |
| Water Supply Well Other: SWD Permit #:                      |                               |                |              | Lease Name: Well #:  |                         |   |  |
| ENHR Permit #: Gas Storage Permit #:                        |                               |                |              |  |                         |   |  |
| 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 A                              | All (If needed attach another | sheet)         | by           | r:   |                         | (KCC <b>District</b> Agent's Name)          |  |
| Depth to Top: Bottom: T.D                                   |                               |                |              | Plugging Commenced:  Plugging Completed:   |                         |   |  |
| Depth to Top: Bottom: T.D                                   |                               |                |              |  |                         |   |  |
| Depth to  | m:T.D                         |                |              |  |                         |   |  |
|   |                               |                |              | —  |                         |   |  |
| Show depth and thickness of                                 |                               | ations.        |              |  |                         |   |  |
| Oil, Gas or Water Records                                   |                               |                |              | asing Record (Surface, Conductor & Production)   |                         |   |  |
| Formation   | Content                       | Casing         | Size         |  | Setting Depth           | Pulled Out                                  |  |
|   |                               |                |              |  |                         |   |  |
|   |                               |                |              |  |                         |   |  |
|   |                               |                |              |  |                         |   |  |
|   |                               |                |              |  |                         |   |  |
|   |                               |                |              |  |                         |   |  |
| Describe in detail the manner cement or other plugs were us | . 00                          |                |              |  |                         | ds used in introducing it into the hole. If |  |
| Plugging Contractor License #:                              |                               |                | Name:        | ne:  |                         |   |  |
| Address 1:  |                               |                | Address 2: _ |  |                         |   |  |
| City:   |                               |                | St           | ate: _   |                         | Zip: +                                      |  |
| Phone: ( )  |                               |                |              |  |                         |   |  |
| Name of Party Responsible fo                                | r Plugging Fees:              |                |              |  |                         |   |  |
| State of County,  |                               |                | ,            | SS.  |                         |   |  |
|   |                               |                | [            | [  | Employee of Operator or | Operator on 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