

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

1097799

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 #:			l APII	No. 15 -		
Name:				Spot Description:		
Address 1:				Sec		
Address 2:				Feet from North / South Line of Section		
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 Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:				County: Lease Name: Well #:		
				Date Well Completed:		
s ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)				The plugging proposal was approved on: (Date)		
		rsneet) m: T.D			(KCC District Agent's Name)	
				Plugging Commenced:		
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				I Plugging Completed:		
Dopuito	10p Botto	1.6.				
Show depth and thickness of a	all water, oil and gas forma	ations.				
				Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
Describe in detail the mainter cement or other plugs were us		-	•		hods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State	ə:		
Phone: ()						
Name of Party Responsible for	r Plugging Fees:					
State of	County, _		, SS.			
				Employee of Operator of	or Operator on above-described well,	

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)