

**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

## 1098351

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 East West Feet from North / South Line of Section Feet from East / West Line of Section |                       |                     |                          |  |  |
| Address 2:  |                              |         |            |   |                       |                     |                          |  |  |
| City:   |                              |         |            |   |                       |                     |                          |  |  |
| 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 #:  Is ACO-1 filed? Yes No If not, is well log attached? Yes No  Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.  Depth to Top: Bottom: T.D. |                              |         |            | Date Well Completed:  |                       |                     |                          |  |  |
| Depth to Top: Bottom: T.D   |                              |         |            | Plugging Completed:   |                       |                     |                          |  |  |
|   | лор. <u></u> Воло            | III I.D |            |   |                       |                     |                          |  |  |
| Show depth and thickness of   | all water, oil and gas forma | itions. | •          |   |                       |                     |                          |  |  |
|   |                              |         |            | Record (Surface, Conductor & Production)  |                       |                     |                          |  |  |
| Formation   | Content                      | Casing  | Size       |   | Setting Depth         | Pulled Out          |                          |  |  |
| Describe in detail the manner cement or other plugs were us   |                              |         |            |   |                       | ds used in introduc | ing it into the hole. If |  |  |
| Plugging Contractor License #:  |                              |         |            |   |                       |                     |                          |  |  |
| Address 1:  |                              |         | Address 2: |   |                       |                     |                          |  |  |
| City:   |                              |         | Stat       | e:  |                       | Zip:                | +                        |  |  |
| Phone: ( )  |                              |         |            |   |                       |                     |                          |  |  |
| Name of Party Responsible fo  | r Plugging Fees:             |         |            |   |                       |                     |                          |  |  |
| State of  | County, _                    |         | , ss       | _   | oloyee 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