

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

AISSION TOSS TO

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	
Address 1:				Sec	Twp S. R East West
Address 2:				Feet from	North / South Line of Section
City:	State:	Zip: +		Feet from	East / West Line of Section
Contact Person:			Footage	s Calculated from Nea	rest Outside Section Corner:
Phone: ()				NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County:		
Water Supply Well	Other:	SWD Permit #:			Well #:
ENHR Permit #:	Gas St	orage Permit #:			
s ACO-1 filed? Yes	No If not, is we	ell log attached? Yes		•	proved on: (Date)
Producing Formation(s): List	t All (If needed attach anothe	er sheet)	by:		(KCC District Agent's Name)
Depth	to Top: Bott	om: T.D			
Depth	to Top: Bott	om: T.D			
Depth	to Top: Bott	om:T.D		g Completed.	
Show depth and thickness o	of all water, oil and gas form	nations.			
Oil, Gas or Wat	ter Records		Casing Record (Su	rface, Conductor & Prod	uction)
Formation	Content	Casing	Size	Setting Depth	Pulled Out
vernent of other plugs were	used, state the character of	of same depth placed from (bot	копту, то (тору тог еа	on plug set.	
Plugging Contractor License	e #:		Name:		
Address 1:			Address 2:		
City:			State:		
Phone: ()					
Name of Party Responsible	for Plugging Fees:				
State of	County,		, SS.		
			□ -	mnlovee of Operator of	Operator on above-described well,
	(Print Name)			pio,oo oi opeiatoi oi	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.

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LOCATION

ON MARK BOX SO

10/31/12

DATE 10/15

SALES TAX ESTIMATED TOTAL

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's 21/15 151 LELECTED OFFICE (17/15 05:20 p. 0.4)

AUTHORIZTION

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