

**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

## 1099524

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 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                | Footages Calculated from Nearest Outside Section Corner: |                                  |  |
| Phone: ( )  |                             |                              |                        | NE NW SE SW  |                                  |  |
| Type of Well: (Check one)   | Oil Well Gas Well           | OG D&A Cathod                | dic County:            |  |                                  |  |
| Water Supply Well Other: SWD Permit #:                            |                             |                              |                        | Lease Name: Well #:                                      |                                  |  |
| ENHR Permit #: Gas Storage Permit #:                              |                             |                              |                        | Date Well Completed:                                     |                                  |  |
| 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 All (If needed attach another sheet) |                             |                              |                        | by:(KCC <b>District</b> Agent's Name)                    |                                  |  |
| Depth to Top: Bottom: T.D   |                             |                              |                        |  |                                  |  |
| Depth t   | to Top: Bott                | om: T.D                      | Plugging Commenced:    |  |                                  |  |
| Depth t   | to Top: Bott                | om:T.D                       |                        | Plugging Completed:                                      |                                  |  |
|   |                             |                              |                        |  |                                  |  |
| Show depth and thickness of                                       | all water, oil and gas forn | nations.                     |                        |  |                                  |  |
| Oil, Gas or Wate  | er Records                  |                              | Casing Record (St      | urface, Conductor & Prod                                 | luction)                         |  |
| Formation   | Content                     | Casing                       | Size                   | Setting Depth  | Pulled Out                       |  |
|   |                             |                              |                        |  |                                  |  |
|   |                             |                              |                        |  |                                  |  |
|   |                             |                              |                        |  |                                  |  |
|   |                             |                              |                        |  |                                  |  |
|   |                             |                              |                        |  |                                  |  |
|   |                             |                              |                        |  |                                  |  |
| cement or other plugs were u                                      | used, state the character o | f same depth placed from (bo | ttom), to (top) for ea | ach plug set.  |                                  |  |
| Plugging Contractor License #:                                    |                             |                              | Name:                  |  |                                  |  |
| Address 1:  |                             |                              | Address 2:             |  |                                  |  |
| City:   |                             |                              | State:                 |  | Zip:+                            |  |
| Phone: ( )  |                             |                              |                        |  |                                  |  |
| Name of Party Responsible f                                       | or Plugging Fees:           |                              |                        |  |                                  |  |
| State of  | County,                     |                              | , SS.                  |  |                                  |  |
|   |                             |                              | [] E                   | Employee of Operator o                                   | r Operator on above-described we |  |
|   | (Print Name)                |                              |                        |  |                                  |  |

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