

**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

## GAS CONSERVATION DIVISION

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 #:			1	API No. 15	5	
Name:				Spot Description:		
Address 1:					Sec T	wp S. R East West
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section		
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 I				County: Well #: Date Well Completed: (Date)  by: (KCC District Agent's Name)		
Producing Formation(s): List All (If needed attach another sheet)						
Depth to	Top: Botto	m: T.D				
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to	Top: Botto	m: T.D		Plugging Completed:		
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water	Records		Casing R	Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
						+
Describe in detail the manner cement or other plugs were us						nds used in introducing it into the hole. If
Plugging Contractor License #:			Name: _	ne:		
Address 1:			Address	2:		
City:			State: +			
Phone: ( )						
Name of Party Responsible fo	r Plugging Fees:					
State of	County			SS.		
					-l	
	(Print Name)			_ [] Em	ployee of Operator or	Operator on above-described well,

Submitted Electronically

the same are true and correct, so help me God.

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