

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

1100157

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:				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 We	I OG D&A Cath	hodic				
Water Supply Well Other: SWD Permit #:				County: Well #:			
ENHR Permit #:							
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				•	proved on:		
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D							
				Plugging Commenced:			
		Bottom:T.D	Pluggi	Plugging Completed:			
Show depth and thicknes	s of all water, oil and gas	formations.					
	Vater Records		Casing Record (Surface, Conductor & Prod	duction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
Tomation	Content	Cushing	Oize	Cetting Deptin	T diled Out		
		olugged, indicating where the r	•				
Plugging Contractor License #:			Name:				
Address 1:			Address 2:				
City:			State:		Zip:	_+	
Phone: ()							
Name of Party Responsib	ole for Plugging Fees:						
State of	Cou	inty,	, SS.				
				Employee of Operator of	or Operator on above	-described well	
	(Print Nar			Employee of Operator of	. Desiator on above	acacinaca 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