

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

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

60 days from plugging date.		WELL PLUGGI K.A.R. 82	D	Form must be Signed All blanks must be Filled	
OPERATOR: License #: Name: Address 1: Address 2: City: Contact Person: Phone: () Type of Well: (Check one) O Water Supply Well O ENHR Permit #: Is ACO-1 filed? Yes Producing Formation(s): List A Depth to Depth to	State:	Zip: + OG	Footages C County: Lease Nam Date Well C The plugging by: Plugging C Plugging C	ription: SecTw Feet from Feet from Calculated from Neare NE NW ne: Completed: ng proposal was appro-	/p S. R East West North / South Line of Section East / West Line of Section st Outside Section Corner: SE SW Well #: (Date) (KCC District Agent's Name)
Show depth and thickness of a	all water, oil and gas forma	ations.			
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:			_ Name:					
Address 1:			_ Address 2:					
City:			State:	Zip:	+			
Phone: ()								
Name of Party Responsible for Plugging Fee	s:							
State of	County,		_ , SS.					
(Pr	int Name)		Employee of Operator or	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.