

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

1102239

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	o. 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	II OG D&A Catl	hodic			
Water Supply Well	SWD Permit #:		County: Well #:			
ENHR Permit #:	as Storage 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 thickness	s of all water, oil and gas	formations.				
	/ater Records		Casing Record (Surface, Conductor & Prod	luction)	
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
Tomaton	Content	Odomig	GIZO	Cotting Deptin	1 diled out	
		ter of same depth placed from	•		ods used in introducing it into the	, , , , , , , , , , , , , , , , , , ,
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State:			
Phone: ()						
Name of Party Responsib	le for Plugging Fees:					
State of	Cou	ınty,	, ss.			
				Employee of Operator of	r Operator on above-descri	hed well
	(Print Nai			Employee of Operator of	Detailed on above-descri	JGU WEII,

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