

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

1102923

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 #:			A	PI No. 15			
Name:				Spot Description:			
Address 1:				•	•	wp S. R East West	
					Feet from		
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 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 No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:			
Show depth and thickness of	of all water, oil and gas	formations.					
Oil, Gas or Water Records			Casing Reco	Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		plugged, indicating where the r ter of same depth placed from				ods used in introducing it into the hole. If	
Plugging Contractor License #:				ame:			
Address 1:				ldress 2:			
City:			St	tate:		Zip:+	
Phone: ()							
Name of Party Responsible	for Plugging Fees:						
State of County,			,	SS.			
				Emp	oloyee 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.

(Print Name)