

Employee of Operator or Operator on above-described well,

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

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			I API No. 1	5 -		
Name:				Spot Description:		
Address 1:					wp S. R East West	
Address 2:				Feet from		
City:				Feet from		
Contact Person:						
Phone: ( )				NE NW		
Type of Well: (Check one)	oil Well Gas Well	OG D&A Cathodi	C Community			
Water Supply Well Other: SWD Permit #:			1 '	County: Well #:		
ENHR Permit #: Gas Sto		rage Permit #:				
s ACO-1 filed? Yes No If not, is well		log attached? Yes		Date Well Completed:		
Producing Formation(s): List A	ll (If needed attach another	sheet)			(KCC <b>District</b> Agent's Name)	
Depth to Top: Bottom: T.D						
Depth to Top: Botto		m: T.D		Plugging Commerced:		
Depth to	Top: Botton	m:T.D		Completed		
Show depth and thickness of a	all water, oil and gas forma	tions.				
Oil, Gas or Water Records			Casing Record (Surface, C		uction)	
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us	. 00		•		ods used in introducing it into the hole. If	
Plugging Contractor License #:						
Address 1:			Address 2:			
					Zip:+	
Phone: ( )						
Name of Party Responsible for	Plugging Fees:					
State of	County		20			
JIGIG UI	County, _		, 55.			

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)