

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.

Name of Party Responsible for Plugging Fees: ____

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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

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

OPERATOR: License #:			API No. 15	API No. 15		
Name:			Spot Desc	Spot Description:		
Address 1:				Sec Twp S. R East West		
Address 2:				Feet from	North / South Line of Section	
City: State: Zip: +				Feet from	East / West Line of Section	
Contact Person:			Footages	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()				NE NW SE SW		
Type of Well: (Check one)	OG D&A Cathodic	County:	County:			
Water Supply Well C	SWD Permit #:	'	Lease Name: Well #:			
ENHR Permit #:	rage Permit #:		Date Well Completed:			
Is ACO-1 filed? Yes	log attached? Yes		The plugging proposal was approved on:			
Producing Formation(s): List A	sheet)		by: (KCC District Agent's Name)			
Depth to	m: T.D	Plugging (Plugging Commenced:			
Depth to Top: Bottom: T.D			Plugging Completed:			
Depth to Top: Bottom: T.D			Triagging C	Jompieted		
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 cement or other plugs were us			•		ds used in introducing it into the hole. If	
Plugging Contractor License #: I			Name:			
Address 1:			Address 2:			

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.

____ County, ________, , ss.

(Print Name)