

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

1114619

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

Spot Description: Spot	OPERATOR: License #:				API No. 1	5		
State: Zip: Feet from North / South Line of Section South Line of	Name:				Spot Description:			
City: State: Zip: +	Address 1:					Sec	Гwp S.	R East West
Contact Person: Chonce (Address 2:					Feet from	North /	South Line of Section
Phone: (City:				Feet from East / West Line of Section			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SVID Permit #: Loase Name: Well Completed: Loase Name: Well Compl	Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Water Supply Well Other:	Phone: ()					NE NW	SE	sw
Water Supply Well Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic	County:			
ENHR Permit #:	Water Supply Well Other: SWD Permit #:				Lease Name: Well #:			
ACC-1 filled?	ENHR Permit #: Gas Storage Permit #:							
Depth to Top: Bottom: T.D. Plugging Commenced: Plugging Commenced: Plugging Completed: Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Size Setting Depth Pulled Out 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. It becament 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: State: Zip: + Phone: () Name of Party Responsible for Plugging Fees: State of County. State of County. Operator on above-described well	Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on:			
Depth to Top: Bottom: T.D. Plugging Commenced:	Producing Formation(s): List A	All (If needed attach another	r sheet)		by:			(KCC District Agent's Name)
Depth to Top: Bottom:	Depth to	o Top: Botto	m: T.D		Plugging	Commonand:		,
Show depth and thickness of all water, oil and gas formations. 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. It is plugged in the character of same depth placed from (bottom), to (top) for each plug set. Pluggling Contractor License #: Name: Address 1: Address 2: City: State: Zip: Phone: () Name of Party Responsible for Plugging Fees: State of County, State of County, Constant on above-described well Fingleyee of Operator or Operator on above-described well	Depth to Top: Bottom: T.D							
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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. It is plugging Contractor License #: Plugging Contractor License #: Address 1: Address 2: City: State: Zip: ** ** ** ** ** ** ** ** **								
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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. It between the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #:	Oil, Gas or Water Records			Casing I	Record (Surf	ace, Conductor & Prod	uction)	
Plugging Contractor License #:	Formation	Content	Casing	Size		Setting Depth	Pulled Ou	ut
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Plugging Contractor License #:								
Address 1:	cement or other plugs were u	sed, state the character of	same depth placed from (both	ttom), to (top) for eacl	n plug set.		
City:	Plugging Contractor License #:			Name: _				
Phone: ()								
Name of Party Responsible for Plugging Fees:	City:				State:		Zip:	+
State of	Phone: ()				-			
Employee of Operator or Operator on above-described well	Name of Party Responsible for	or Plugging Fees:						
Employee of Operator or Operator on above-described well,	State of	County, _			, SS.			
		(Print Name)			_	ployee of Operator or	Operat	tor on above-described well,

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