

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

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				
Name:		Spot Description:				
Address 1:		Sec 7	ſwp 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 Calculated from Near	est Outside Section Corner:			
Phone: ()		□ NE □ NW	SE SW			
Producing Formation(s): List All (If needed attach another	SWD Permit #:	County: Well #: Well #: (Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:				
Oil, Gas or Water Records		g Record (Surface, Conductor & Prod	uction)			
Formation Content	Casing Size		Pulled Out			
Describe in detail the manner in which the well is plugg cement or other plugs were used, state the character of		•	ods used in introducing it into the hole. If			

Plugging Contractor License #:		Name:						
Address 1:		Address 2	Address 2:					
City:			State: _		Zip:	-+		
Phone: ()								
Name of Party Responsible for Plugging Fee	s:							
State of	County,		_ , ss.					
				Employee 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)