

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

1123562

Employee of Operator or Operator on above-described well,

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. 15	5 -		
Address 1:					wp S. R East West	
Address 2:				Feet from		
City:				Feet from		
Contact Person:					est Outside Section Corner:	
Phone: ()				NE NW		
Type of Well: (Check one) Oil Well Gas Well OG D&A Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:			Lease Nar	County: Well #: Well #:		
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	No The plugg	ing proposal was app	roved on: (Date)	
Producing Formation(s): List A	•	*			(KCC District Agent's Name)	
Depth to Top: Bottom: T.D			Plugging Commenced:			
Depth to	m: T.D	Plugging Completed:				
Depth to	Top: Bottor	n:T.D				
Show depth and thickness of a	ıll water, oil and gas forma	tions.				
Oil, Gas or Water	Records		Casing Record (Surfa	ace, Conductor & Produ	uction)	
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us	. 00		•		ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State:		Zip:+	
Phone: ()						
Name of Party Responsible for	Plugging Fees:					
State of	County,					

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)