

**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

## 1128297

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 #:  |                              |                            |  | API No. 15   |                           |                     |                 |
|---|------------------------------|----------------------------|--|--|---------------------------|---------------------|-----------------|
| Name:   |                              |                            |  | Spot Description:  |                           |                     |                 |
| Address 1:  |                              |                            |  |  | · Sec                     | Гwp S. R [          | East West       |
| Address 2:  |                              |                            |  | Feet from North / South Line of Section                  |                           |                     |                 |
| City:   |                              |                            |  | Feet from East / West Line of Section                    |                           |                     |                 |
| Contact Person:   |                              |                            |  | Footages Calculated from Nearest Outside Section Corner: |                           |                     |                 |
| Phone: ( )  |                              |                            |  |  | NE NW                     | SE SW               |                 |
| Type of Well: (Check one)                                   | Oil Well Gas Well            | OG D&A Cathoo              | dic                                    | County:  |                           |                     |                 |
| Water Supply Well         Other:         SWD Permit #:      |                              |                            |  |  |                           |                     |                 |
| ENHR Permit #: Gas Storage Permit #:                        |                              |                            |  | Date Well Completed:                                     |                           |                     |                 |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No |                              |                            |  |  |                           | roved on:           |                 |
| Producing Formation(s): List /                              | All (If needed attach anothe | r sheet)                   |  |  |                           | (KCC <b>Distric</b> |                 |
| Depth to  | o Top: Botto                 | om: T.D                    |  |  |                           |                     |                 |
| Depth to  | om: T.D                      |                            | Plugging Commenced:Plugging Completed: |  |                           |                     |                 |
| Depth to  | o Top: Botto                 | om:T.D                     |  | Plugging   | Completed                 |                     |                 |
|   |                              |                            |  |  |                           |                     |                 |
| Show depth and thickness of                                 | all water, oil and gas form  | ations.                    |  |  |                           |                     |                 |
| Oil, Gas or Water Records                                   |                              |                            | Casing F                               | sing Record (Surface, Conductor & Production)            |                           |                     |                 |
| Formation   | Content                      | Casing                     | Size                                   |  | Setting Depth             | Pulled Out          |                 |
|   |                              |                            |  |  |                           |                     |                 |
|   |                              |                            |  |  |                           |                     |                 |
|   |                              |                            |  |  |                           |                     |                 |
|   |                              |                            |  |  |                           |                     |                 |
|   |                              |                            |  |  |                           |                     |                 |
|   |                              |                            |  |  |                           |                     |                 |
| cement or other plugs were u                                | sed, state the character of  | same depth placed from (bo | ottom), to (                           | op) for eac  | th plug set.              |                     |                 |
| Plugging Contractor License #:                              |                              |                            |  |  |                           |                     |                 |
| Address 1:  |                              |                            | Address                                | 2:   |                           |                     |                 |
| City:   |                              |                            |  | State:   |                           | Zip:                | _+              |
| Phone: ( )  |                              |                            |  |  |                           |                     |                 |
| Name of Party Responsible fo                                | or Plugging Fees:            |                            |  |  |                           |                     |                 |
| State of  | Countv.                      |                            |  | , SS.  |                           |                     |                 |
|   | 3,                           |                            |  |  | anloyed of One state = == | Operator on the sur | doooribe dell   |
| (Print Name)  |                              |                            |  | Em   | ripioyee of Operator or   | Operator on above-  | uescribed 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