

**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

## 1132899

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 #:  |                              |                | 1        | API No. 15   | -<br>-                      |   |
|---|------------------------------|----------------|----------|--|-----------------------------|---|
| OPERATOR: License #:  |                              |                |          | Spot Description:  |                             |   |
| Address 1:  |                              |                |          | •  | ·                           | wp S. R East West                           |
| Address 2:  |                              |                |          | Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: |                             |   |
| City:   |                              |                |          |  |                             |   |
| Contact Person:   |                              |                |          |  |                             |   |
| Phone: ( )  |                              |                |          |  | NE NW                       | SE SW                                       |
| Type of Well: (Check one)   | Oil Well Gas Well            | OG D&A Cathodi | ic       | County:  |                             |   |
| Water Supply Well Other: SWD Permit #:                            |                              |                |          | Lease Name: Well #:  |                             |   |
| ENHR Permit #: Gas Storage Permit #:                              |                              |                |          |  |                             |   |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No       |                              |                |          |  |                             |   |
| Producing Formation(s): List All (If needed attach another sheet) |                              |                |          |  |                             |   |
| Depth to Top: Bottom: T.D   |                              |                |          |  |                             |   |
| Depth to Top: Bottom: T.D   |                              |                |          |  |                             |   |
| Depth to  | Top: Botto                   | om:T.D         |          |  |                             |   |
|   |                              |                |          |  |                             |   |
| Show depth and thickness of                                       | all water, oil and gas forma | ations.        |          |  |                             |   |
| Oil, Gas or Water Records   |                              |                | Casing R | asing Record (Surface, Conductor & Production)   |                             |   |
| Formation   | Content                      | Casing         | Size     |  | Setting Depth               | Pulled Out                                  |
|   |                              |                |          |  |                             |   |
|   |                              |                |          |  |                             |   |
|   |                              |                |          |  |                             |   |
|   |                              |                |          |  |                             |   |
|   |                              |                |          |  |                             |   |
| Describe in detail the manner<br>cement or other plugs were us    |                              |                |          |  |                             | ds used in introducing it into the hole. If |
| Plugging Contractor License #:                                    |                              |                | Name: _  | ame:   |                             |   |
| Address 1:  |                              |                | Address  | 2:   |                             |   |
| City:   |                              |                |          | State: +   |                             |   |
| Phone: ( )  |                              |                |          |  |                             |   |
| Name of Party Responsible fo                                      | or Plugging Fees:            |                |          |  |                             |   |
| State of  | Countv                       |                |          | _ , SS.  |                             |   |
|   |                              |                |          | played of Operator   | Operator on phase described |   |
| (Print Name)  |                              |                |          | 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.