

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

1136694

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	5			
Name:				Spot Description:				
Address 1:				Sec Twp S. R East West				
Address 2:					Feet from		uth 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 Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: s ACO-1 filed? Yes No If not, is well log attached? Yes No				County: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)				
Producing Formation(s): List A	_							
Depth to Top: Bottom: T.D					by: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:				
Depth to	Top: Bot	tom:T.D		Plugging (Completed:			
Show depth and thickness of	all water, oil and gas forr	mations.						
Oil, Gas or Water Records Cas				ing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us				•		oas usea in introducin	g it into the noie. If	
Plugging Contractor License #:				Name:				
Address 1:				Address 2:				
City:				State:				
Phone: ()				_				
Name of Party Responsible for	or Plugging Fees:							
State of	County,			, SS.				
				Fm	nlovee of Operator of	Operator on abo	ove-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)