

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

1137364

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 Twp 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 Cathodic						
Water Supply Well	SWD Permit #:	1				
ENHR Permit #:	orage Permit #:		Date Well Completed:			
s ACO-1 filed? Yes	ell log attached? Yes		The plugging proposal was approved on: (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name)		
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth	om: T.D		Plugging Completed:			
Depth	to Top: Bott	om:T.D		g Completed.		
Show depth and thickness o	of all water, oil and gas forn	nations.				
Oil, Gas or Water Records			Casing Record (Su	sing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
ement or other plugs were	used, state the character of	of same depth placed from (bot	ttorn), to (top) for ea	cn plug set.		
Plugging Contractor License #:						
Address 1:			Address 2:			
City:			State:			
Phone: ()						
Name of Party Responsible	for Plugging Fees:					
State of	County,		, SS.			
			F	mplovee of Operator o	r Operator on above-described well,	
	(Print Name)			p.o,oo or operator o	operator on above accombact 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