

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

1138248

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

ODEDATOR: License #			2-3-117	I ADING 15	•		
OPERATOR: License #:				API No. 15 Spot Description:			
Address 1:						wp S. R East Wes North / South Line of Section	
Address 2:					Feet from		
City: State: Zip: + Contact Person:				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				Footages			
					NE NW	SE SW	
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County:			
Water Supply Well Other: SWD Permit #: Gas Storage Permit #:							
	_	rage Permit #:	_		•		
		log attached? Yes	_ No	The pluggi	ing proposal was app	roved on: (Date	
Producing Formation(s): List A	,	•		by:		(KCC District Agent's Name	
Depth to Top: Bottom: T.D				I Plugging Commenced:			
Depth to	•	m: T.D		Plugging C	Completed:		
Depth to	Top: Botto	m: T.D					
Show depth and thickness of a	all water, oil and gas forma	itions.					
Oil, Gas or Water Records		Casing		Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		-		•		ods used in introducing it into the hole. I	
Plugging Contractor License #:			Name:				
Address 1:			Address 2:				
City:				_ State:		Zip:++	
Phone: ()				_			
Name of Party Responsible for	r Plugging Fees:						
State of	ate of County,			, ss.			

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)