

**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

## 1140409

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	5		
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 Other: SWD Permit #:  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: Bottom: T.D.				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:			
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing I	asing 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.	
Plugging Contractor License #:			Name: _	Name:			
Address 1:				Address 2:			
Address 1:  City:				State:			
Phone: ( )				_			
Name of Party Responsible fo	r Plugging Fees:						
State of	County, _				nlovee 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.

(Print Name)