

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

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 We             | II OG D&A Catl   | hodic           |  |                         |              |  |
| Water Supply Well   | SWD Permit #:               |  | County: Well #: |  |                         |              |  |
| ENHR Permit #:  | as Storage Permit #:        |  |                 |  |                         |              |  |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No       |                             |  |                 | •  | proved on:              |              |  |
| Producing Formation(s): List All (If needed attach another sheet) |                             |  |                 | by: (KCC <b>District</b> Agent's Name)                   |                         |              |  |
| Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D               |                             |  |                 |  |                         |              |  |
|   |                             |  |                 | Plugging Commenced:                                      |                         |              |  |
|   |                             | Bottom:T.D   | Plugg           | Plugging Completed:                                      |                         |              |  |
|   |                             |  |                 |  |                         |              |  |
| Show depth and thickness  | s of all water, oil and gas | formations.  | -               |  |                         |              |  |
|   | /ater Records               | 1  | Casing Record ( | Surface, Conductor & Prod                                | duction)                |              |  |
| Formation   | Content                     | Casing   | Size            | Setting Depth  | Pulled Out              |              |  |
| i omiauon   | Content                     | Casing   | GIZE            | Getting Deptin   | 1 diled Out             |              |  |
|   |                             |  |                 |  |                         |              |  |
|   |                             |  |                 |  |                         |              |  |
|   |                             |  |                 |  |                         |              |  |
|   |                             |  |                 |  |                         |              |  |
|   |                             |  |                 |  |                         |              |  |
|   |                             | plugged, indicating where the r<br>ter of same depth placed from | •               |  |                         |              |  |
| Plugging Contractor License #:                                    |                             |  | Name:           |  |                         |              |  |
| Address 1:  |                             |  | Address 2:      |  |                         |              |  |
| City:   |                             |  | State:          |  |                         |              |  |
| Phone: ( )  |                             |  |                 |  |                         |              |  |
| Name of Party Responsib   | le for Plugging Fees:       |  |                 |  |                         |              |  |
| State of  | Cou                         | ınty,  | , SS.           |  |                         |              |  |
|   |                             | •  |                 | Employee of Operator of                                  | r Operator on above-des | scribed well |  |
|   | (Print Nai                  |  |                 | Employee of Operator of                                  | Operator on above-des   | oribed 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