

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

1142299

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 #:			APIN	No. 15		
Name:				Spot Description:		
Address 1:				Sec Tv	wp S. R East West	
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:		
City:						
Contact Person:						
Phone: ()				NE NW	SE SW	
Type of Well: (Check one)		OG D&A Cathod	lic Coun	ty:		
Water Supply Well Other: SWD Permit #:				Lease Name: Well #: Date Well Completed: (Date) The plugging proposal was approved on: (Date)		
ENHR Permit #: Gas Storage Permit #:						
Is ACO-1 filed? Yes No If not, is well log attached? Yes No						
Producing Formation(s): List A	•	*			(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:		
Depth to Top: Bottom: T.D						
Depth to	Top: Botto	om:T.D	``			
		-4:				
Show depth and thickness of a		ations.	Casina Dagard	(Overfees Os and vistoria & Daniel		
Oil, Gas or Water Records		Casing	Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us	ed, state the character of	same depth placed from (bo	ttom), to (top) for	each plug set.		
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State	:	Zip:+	
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _		, SS.			
	(Print Name)			Employee of Operator or	Operator on above-described 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