

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 T	wp S. R East West
Address 2:				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW  County: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (KCC District Agent's Name) Plugging Commenced:		
City:						
Contact Person:						
Phone: ( )						
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodi Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:  Is ACO-1 filed? Yes No If not, is well log attached? Yes  Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.						
Depth to Top: Bottom: T.D.				Plugging Completed:		
Deptil to		1.0.				
Show depth and thickness of	all water, oil and gas forma	ations.	•			
			Casing F	g Record (Surface, Conductor & Production)		
Formation Content		Casing Size		Setting Depth Pulled Out		
		- Carenag	0.20		Cetting Deptin	- Lanca Gat
cement or other plugs were us	. 00			•		ods used in introducing it into the hole. If
Plugging Contractor License #:			Name: _	ne:		
Address 1:			Address	dress 2:		
City:				State:		Zip:+
Phone: ( )						
Name of Party Responsible for	or Plugging Fees:					
State of	County,			_ , ss.		
				Em	ployee of Operator or	Operator on above-described well,
(Print Name)						

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