

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

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. 1	5	
Name:				Spot Description:		
Address 1:					·	Гwp S. R East West
					Feet from	
City: State: Zip: +				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:  Lease Name: Well #:  Date Well Completed: (Date)  by: (KCC District Agent's Name)  Plugging Commenced:  Plugging Completed:		
Бериги	о тор вог	ioiii i.b				
Show depth and thickness of	all water, oil and gas for	mations.				
Oil, Gas or Water Records Casin				g Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	•	Setting Depth	Pulled Out
		of same depth placed from (bo		•		ods used in introducing it into the hole. If
Plugging Contractor License #:				Name:		
Address 1:			Addres	ddress 2:		
City:				State:		
Phone: ( )				_		
Name of Party Responsible for	or Plugging Fees:					
State of	County	;				
					nployee 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)