

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 Feet from North / South Line of Section				
								City:
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				County:				
Water Supply Well Other: SWD Permit #:				-	ıme:			
ENHR Permit #: Gas Storage Permit #:								
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed: (Date) The plugging proposal was approved on: (Date)				
Producing Formation(s): List All (If needed attach another sheet)								
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth to Top: Bottom: T.D				Plugging Completed:				
Depth to Top: Bottom:T.D				—				
Show depth and thickness of	all water, oil and gas fo	rmations.						
Oil, Gas or Wate	Oil, Gas or Water Records Cas				g Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
	•	ugged, indicating where the mi				ods used in introduci	ng it into the hole. If	
Plugging Contractor License #:								
Address 1:				; 2:				
City:				State:		Zip:	+	
Phone: ( )				_				
Name of Party Responsible for	or Plugging Fees:							
State of	Count	у,		, SS.				
	(Print Name)			Em	nployee of Operator of	Operator on al	bove-described well,	
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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