

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

1150916

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 #: | | | | Spot Description: Spot Description: Sec. Twp. S. R. East West Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: | | | | | | | | | | | |
|---|------------------|---------|---|---|-------------------|---|--|--|------------------------------|--------|-----|--|--|------------------------------------|--|
| Name: | | | | | | | | | | | | | | | |
| | | | | | | | | Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic | | | | | | | |
| | | | | | | | | Water Supply Well Other: SWD Permit #: Gas Storage Permit #: | | | | | | | |
| | | | | | | | | | | | | Is ACO-1 filed? Yes No If not, is well log attached? Yes | | | |
| | | | | | | | | Producing Formation(s): List A | II (If needed attach another | sheet) | by: | | | (KCC District Agent's Name) | |
| | | | | | | | | Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | |
| Depth to Top: Bottom: T.D | | | | | | | | Plugging Completed: | | | | | | | |
| Depth to | Top: Botto | m:T.D | | | | | | 33 3 - | | | | | | | |
| | | | | | | | | | | | | | | | |
| Show depth and thickness of a | | ations. | | | | | | | | | | | | | |
| Oil, Gas or Water Records | | | Casing Record (Surface, Conductor & Production) | | | | | | | | | | | | |
| Formation | Content | Casing | Size | S | etting Depth | Pulled Out | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| Describe in detail the manner cement or other plugs were us | . 00 | | • | | | Is used in introducing it into the hole. If | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Plugging Contractor License #: | | | Name: | ame: | | | | | | | | | | | |
| Address 1: | | | Address 2: | ddress 2: | | | | | | | | | | | |
| City: | | | Sta | ite: | | Zip:+ | | | | | | | | | |
| Phone: () | | | | | | | | | | | | | | | |
| Name of Party Responsible for | r Plugging Fees: | | | | | | | | | | | | | | |
| State of County, | | | , s | S. | | | | | | | | | | | |
| | | | | Employ | ee 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.