

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

1151635

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 #:			l AP	PI No. 15	
				pot Description:	
				Sec Twp S. R East W	
				Feet from North / South Line of Sect	
		Zip: +		Feet from East / West Line of Sect	
Contact Person:				Footages Calculated from Nearest Outside Section Corner:	
Phone: ()				NE NW SE SW	
Type of Well: (Check one) Water Supply Well ENHR Permit #:	Other:	OG D&A Cath SWD Permit #: s Storage Permit #:	Lea	ounty: Well #:	
Is ACO-1 filed? Yes		s well log attached? Yes	Dai	ate Well Completed:	
				he plugging proposal was approved on:(Dec	
Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D				by: (KCC District Agent's Name) Plugging Commenced:	
Depth to Top: Bottom: T.D					
Depth		Bottom: T.D	Plu	lugging Completed:	
Show depth and thickness o	f all water, oil and gas	formations.			
Oil, Gas or Water Records Casing			Casing Recor	Record (Surface, Conductor & Production)	
Formation	Content	Casing	Size	Setting Depth Pulled Out	
		er of same depth placed from (I	•	aced and the method or methods used in introducing it into the hole for each plug set.	
Plugging Contractor License #: Nam			Name:		
Address 1: Add			Address 2:		
City:			Sta	ate:	
Phone: ()					
Name of Party Responsible	for Plugging Fees:				
State of	Cou	nty,	, ss	SS.	
				Employee of Operator or Operator on above-described w	

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)