

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

1153647

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: Sec. Twp. S. R. East West Section 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									
							Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodic	County:			
							Water Supply Well Other: SWD 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)				Lease Name: Well #:		
											ell Completed:		
											The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:		
Depth to Top: Bottom: T.D			Plugging Completed:										
Depth to	Top: Botto	m:T.D	—										
Show depth and thickness of a													
Oil, Gas or Water Records		<u> </u>	Casing Record (Surface, Conductor & Production)										
Formation	Content	Casing	Size	Setting Depth	Pulled Out								
Describe in detail the manner cement or other plugs were us		-	•		ods used in introducing it into the hole. If								
Plugging Contractor License #:			Name:	e:									
Address 1:			Address 2:										
City:			State:		Zip:+								
Phone: ()													
Name of Party Responsible fo	r Plugging Fees:												
State of County,			, SS.										
(Print Marra)			E	mployee of Operator or	Operator on above-described well,								

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