

**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

## 1154964

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 APIN	o. 15			
				Description:			
				Sec 1			
				Feet from		South Line of Section	
City:	State:	Zip: +		Feet from	East / V	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 #:				County: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)			
Producing Formation(s): List	All (If needed attach ano	ther sheet)	by:		(KCC	District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth t	ю Тор: Во	ottom: T.D		3 1			
Show depth and thickness of	all water, oil and gas fo	rmations.	 				
Oil, Gas or Wate		Casing Record (	Surface, Conductor & Produ	uction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
	•	ugged, indicating where the muc of same depth placed from (bo	•		ods used in introduc	ing it into the hole. If	
Plugging Contractor License #:			Name:	ne:			
Address 1:			Address 2:	dress 2:			
City:			State:		Zip:	+	
Phone: ( )							
Name of Party Responsible for	or Plugging Fees:						
State of County,			, SS.				
				Employee of Operator or	Operator on a	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)