

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

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 API No. 15 - ______ OPERATOR: License #: Spot Description: _-__- ___ Sec. ___ Twp. ___ S. R. ____ East West Address 1:

Address 2:				Feet from North / South Line of Section								
City: State: Zip: + Contact Person:				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:								
			Foota									
Phone: ()				NE NW	SE SW							
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodic	Coun	itv.								
Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:				Lease Name: Well #: Date Well Completed:								
								_	ell log attached? Yes			proved on: (D
Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:								
							Depth to	o Top: Boti	tom:T.D			
							Show depth and thickness of	all water, oil and gas forn	nations.			
Oil, Gas or Water Records			Casing Record		(Surface, Conductor & Production)							
Formation	Content	Casing	Size	Setting Depth	Pulled Out							
l												
Plugging Contractor License	#:		Name:									
Address 1:			Address 2:									
City:			State	:								
Phone: ()												
Name of Party Responsible for	or Plugging Fees:											
State of	County,		, ss.									
	(Print Name)			Employee of Operator or	Operator on above-described well,							
					f the above described well is as filed							

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.