

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

1157840

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:			
Address 1:			Sec Twp S. R East West			
Address 2:			Feet from North / South Line of Section			
City:			Feet from East / West Line of Section			
Contact Person:			Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County:			
						Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
Water Supply Well Other:		Lease Name: Well #:				l #:
LIS ACO-1 filed? Yes No If not, is well log attached? Yes No			Date Well Completed:			
						Producing Formation(s): List All (If needed attach another sheet)
Depth to Top: Bottom: T.D						Plugging Commenced:
Depth to Top: Bott	I Pluggi	I Pluaging Completed:				
Depth to Top: Bott	om:T.D					
Show depth and thickness of all water, oil and gas form	nations					
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Prod	uction)		
Formation Content	Casing	Size	Setting Depth	Pulled Out		
Tomation Content	Odding	OIZC	Octaing Depart	1 uned out		
cement or other plugs were used, state the character of	f same depth placed from (bott	om), to (top) for	each plug set.			
Plugging Contractor License #:		Name:				
Address 1:		Address 2:				
City:		State:		Zip:	+	
Phone: ()						
Name of Party Responsible for Plugging Fees:						
State of County,		, SS.				
			Employee of Operator of	Operator on	above-described well,	
(Print Name) being first duly sworn on oath, says: That I have knowle	edge of the facts statements an	nd matters herein	contained and the log of	f the above-describ	ned well is as filed and	

Submitted Electronically