

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

1158300

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 1	wp S. R	East West	
				Feet from North / South Line of Section				
City:				Feet from East / 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 Cathoo	dic	County				
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 another sheet)				by:(KCC District Agent's Name)				
		tom: T.D						
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth t	tom: T.D		Plugging Completed:					
Show depth and thickness of	all water, oil and gas for	mations.						
Oil, Gas or Wate	er Records		Casing F	Record (Sur	face, Conductor & Produ	uction)		
Formation	Content	Casing Size		Setting Depth			Pulled Out	
					3 21			
cement or other plugs were u	used, state the character	of same depth placed from (bo	ottom), to (top) for eac	ch plug set.			
Plugging Contractor License #:			Name: _					
Address 1:			Address	2:				
City:				State:		Zip:	+	
Phone: ()				_				
State of	County	,		SS.				
							- 49 1 9	
	(Print Name)			Er	ripioyee of Operator or	Operator on abov	e-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