

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

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:		API No. 15					
Name:		Spot Description:					
Address 1:		Sec T	wp S. R East West				
Address 2:		Feet from	North / South Line of Section				
City: State:	Zip:+	Feet from	East / West Line of Section				
Contact Person:  Phone: (		Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW  County:  Lease Name: Well #:  Date Well Completed:  The plugging proposal was approved on: (KCC District Agent's Name)  Plugging Commenced:  Plugging Completed:					
				Show depth and thickness of all water, oil and gas format	tions.		
				Oil, Gas or Water Records Casing		Record (Surface, Conductor & Production)	
Formation Content	Casing Size	Setting Depth	Pulled Out				
Describe in detail the manner in which the well is plugge cement or other plugs were used, state the character of s		•	ods used in introducing it into the hole. If				

Plugging Contractor License #:	Name:
Address 1:	Address 2:
City:	State: +
Phone: ( )	
Name of Party Responsible for Plugging Fees:	
State of County,	, , ss.
(Print Name)	Employee of Operator or Operator on 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.