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** 

1159505

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

Name:	Spot Description:
Address 1:	Sec Twp 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:	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 #:       SWD Permit #:	County: Well #: Uell #: Date Well Completed: (Date) by: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed: Plugging
Depth to lop: Bottom: I.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Records		Casing Record (Surfa	ce, Conductor & Produc	tion)
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name:		
Address 1:		Address 2:		
City:		State:	Zip:	+
Phone: ( )				
Name of Party Responsible for Plugging	J Fees:			
State of	County,	, SS.		
	(Print Name)		f Operator or Operator on a	
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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.

## Submitted Electronically

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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

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