

Employee of Operator or Operator on above-described well,

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Name of Party Responsible for Plugging Fees: \_\_\_

State of \_\_\_\_

\_ County, \_\_\_

(Print Name)

## 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	
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 Cath	odic	Carratur		
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						(KCC <b>District</b> Agent's Name)
Depth to Top: Bottom: T.D						
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to Top: Bottom: T.D				Plugging Completed:		
Show depth and thickness of	f all water, oil and gas form	ations.				
Oil, Gas or Wate	Casing		Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were to		-		•		nds used in introducing it into the hole. If
Plugging Contractor License #:						
City:				_ State:		Zip:++
Phone: ( )				_		

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.

\_\_\_\_\_\_ , SS.