

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

1159747

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:		
Phone: ()				NE NW SE SW		
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic						
Water Supply Well	SWD Permit #:					
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:		
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)		
Depth to Top: Bottom: T.D						
Depth	om: T.D		Plugging Commenced: Plugging Completed:			
Depth	om:T.D					
Show depth and thickness of	f all water, oil and gas form	ations.				
Oil, Gas or Water Records Cas			Casing Record (Su	ng Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
					+	
cement or other plugs were	used, state the character o	f same depth placed from (bot	tom), to (top) for ea	cn 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.			
			П в	mployee of Operator or	Operator on above-described well,	
·	(Print Name)	<u> </u>		. ,		

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