

**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

## 1160149

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. 1	5		
Name:				Spot Description:		
Address 1:				Sec T	wp S. R East Wes	
Address 2:				Feet from North / South Line of Section		
City:				Feet from East / West Line of Section		
Contact Person:			Footages	Calculated from Neare	est Outside Section Corner:	
Phone: ( )				NE NW	SE SW	
Type of Well: (Check one)			ic County: _			
Water Supply Well	SWD Permit #:	I	Lease Name: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:		
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes	A.		roved on: (Date	
Producing Formation(s): List A		r sheet)	by:		(KCC <b>District</b> Agent's Name	
Depth to		m: T.D	l Plugging	Commenced:		
Depth to	m: T.D	""	Plugging Completed:			
Depth to	o Top: Botto	m:T.D				
Show depth and thickness of		ations.				
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us	. 00		•		ids used in introducing it into the hole.	
Plugging Contractor License #:				ame:		
Address 1:			Address 2:			
City:			State:		Zin	
			Glate			
Phone: ( )					+	
, ,					+	
Phone: ( ) Name of Party Responsible fo	or Plugging Fees:				+	

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.