

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

1160792

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 We	II OG D&A Catl	hodic				
Water Supply Well	SWD Permit #:		County: Well #:				
ENHR Permit #:	as Storage Permit #:						
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				•	proved on:		
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D							
				Plugging Commenced:			
		Bottom:T.D	Plugg	Plugging Completed:			
Show depth and thickness	s of all water, oil and gas	formations.	-				
	/ater Records	1	Casing Record (Surface, Conductor & Prod	duction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
i omiauon	Content	Casing	GIZE	Getting Deptin	1 diled Out		
		plugged, indicating where the r ter of same depth placed from	•				
Plugging Contractor License #:			Name:				
Address 1:			Address 2:				
City:			State:				
Phone: ()							
Name of Party Responsib	le for Plugging Fees:						
State of	Cou	ınty,	, SS.				
		•		Employee of Operator of	r Operator on above-des	scribed well	
	(Print Nai			Employee of Operator of	Operator on above-des	oribed Well,	

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