

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

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 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 Other: SWD Permit #: Gas Storage Permit #:				County: Lease Name: Well #: 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) Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:			
Show depth and thick	ness of all water, oil and gas form	ations.					
Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
	manner in which the well is plugg were used, state the character of			•		ods used in introducing it into the hole. If	

Plugging Contractor License #: ______ Name: ____ _____ Address 2: ____

Name of Party Responsible for Plugging Fees: ____

_____ County, ________, , ss.

(Print Name)

Employee of Operator or Operator on above-described well,

the same are true and correct, so help me God.

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