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** 

1165155

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## 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: 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 Cathodic   Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #:   ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: No   Is ACO-1 filed? Yes No If not, is well log attached? Yes No   Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. T.D.	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name) Plugging Commenced:
Depth to Top:   Bottom:T.D      Depth to Top:   Bottom:T.D	Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name:		
Address 1:		Address 2:		
City:		State:	Zip:	+
Phone: ( )				
Name of Party Responsible for Plugging	J Fees:			
State of	County,	, SS.		
	(Print Name)		f Operator or Operator on a	
haing first duly sugar an asthe says. The	at I have knowledge of the feate	statements and matters harain contained	and the lag of the chave describe	d wall is as filed and

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.

## Submitted Electronically

1	ant to	country	2	P	,i		
			5,75	09 /m	as to surger		#
				' 57. 57		the second se	₽
		- 1 (			<u> </u>	- h (	-
		10 1	mollog 1	Kas A	SISPLACEMENT PSI	and the second second second	DISPLACEMEN
	ONISYO	CEMENT LEFT IN RATE		MATER gal/sk IS9 XIM			SLURRY WEIGH
	OTHER			TUBING 2		and <u>a sea an an an an an an</u> an	CASING DEPTH
נציר אין	AEIGHT Ju SU	CASING SIZE & V	, , , , , , , , , , , , , , , , , , ,	HIGE DEPTH	8/9 3ZIS 310		O BALL BO
0.0 5		1	10111	ז ר	10281 ×1	UI UI	LSOH
5xixe	WILL WITH	w hpny	38	1	STATE ZIP CODE	5	- V AID
		Joey K	119	] [	00/2 245	ony ssars	A) ///
		Dave 6	Shh	Sonot	<u> </u>		AMILING ADDRE
DRIVER	TRUCK #	DRIVER	TRUCK #	Sng	277 Smill	1 yt noo no	N/ /S
70				7 fe.	Pier Paint # 541	9768	81-1-6
COUNTY	RANGE	<b>GIHSNWOT</b>	SECTION	BER	MELL NAME & NUM	# XEMOTSUS	<b>JTAO</b>
And the direct data in which the distribution of the state of the	82-502-	08T # 15		CEMENT CEMENT		nanute, KS 66720 87 800-467-8676	
X	2 + nounsy	<b>VAMARON</b>					
	SX DAN	A NOITADOL	6			Manage Carly Se	
671		TICKET NUMB	U	IBRET		OUSOLIDA	

			Alt	NOITZIROHTUA
05 9282	<b>DETAMITSE</b> JATOT	0,00,000	HY	YE'SE DIVER
18:26	XAT SALES	90 51 '9	1	
64.82LZ	1491915			
		A	105 0022	(2)
2015	001/02 LI	02/4 HIS		8211
00'012	0003	80 BA Var Truck	SH E	22099
co'89E	7/w	נסט נטיונסטצר קיזוך גיחרך	Sug EL'A	LOBS
09 28	22'	9/0/7 0 /39	# 088	8 8111
08 6141	81.81	promos pinizo 0/ 19	575 011	1/2/1
SIN	JA	MILEAGE N/C ON LOCALTION # 4 OF 4 MAR	ø	90/15
00'005	200000	PUMP CHARGE		#50/5
LATOT	UNIT PRICE	DESCRIPTION of SERVICES of PRODUCT	STINU 10 YTINAUD	CODE ACCOUNT

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this fo