

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

1166822

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

ODERATOR: License #:			I ADI	No. 15 -		
OPERATOR: License #:				API No. 15		
			- '	Sec		
Address 1:Address 2:						
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 #:				County:		
ENHR Permit #: Gas Storage Permit #:				Lease Name: Well #:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed: (Date) The plugging proposal was approved on: (Date)		
Producing Formation(s): List A					(KCC District Agent's Name)	
Depth to Top: Bottom: T.D						
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:		
Depth to	Top: Botton	m:T.D		iging Completed:		
Show depth and thickness of a	all water, oil and gas forma	itions.				
Oil, Gas or Water Records			Casing Record	ng Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us		-			ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	lame:		
Address 1:			Address 2:	dress 2:		
City:			State	ə:	Zip:+	
Phone: ()						
Name of Party Responsible for	r Plugging Fees:					
State of County,			, SS.			
				Employee of Operator or	r Operator on above-described well,	

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.

(Print Name)