

Employee of Operator or Operator on above-described well,

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 #:			1	API No. 15	i		
Name:				Spot Description:			
Address 1:				•	Sec 1		
Address 2:					Feet from		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 Cathod	ic	County			
Water Supply Well Other: SWD Permit #:				County: Well #:			
ENHR Permit #:	age Permit #						
Is ACO-1 filed? Yes	log attached? Yes	No	Date Well Completed:				
Producing Formation(s): List A	All (If needed attach another	sheet)					District Agent's Name)
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to	n· TD						
Depth to	Top: Botton	m: T.D		r lugging C	ompleted		
Show depth and thickness of a	all water, oil and gas forma	tions.					
Oil, Gas or Water Records		Casing		Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner		-				ods used in introduc	ing it into the hole. If
cement or other plugs were us	sed, state the character of	same depth placed from (bot	ttom), to (op) for each	plug set.		
Plugging Contractor License #: N.			Name: _				
Address 1:							
City:				State:		Zıp:	+
Phone: ()							
Name of Party Responsible for	r Plugging Fees:						
State of County.				. SS.			

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)