

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.

Name of Party Responsible for Plugging Fees: ____

__ County, ___

(Print Name)

State of ____

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

	N.A.R. 82	2-3-117			
OPERATOR: License #:		API No. 1	API No. 15		
Name:			Spot Description:		
Address 1:			Sec	Twp S. R East West	
Address 2:			Feet from	n North / South Line of Section	
City: State:			Feet from East / West Line of Section		
Contact Person:	·	Footages	Calculated from Nea	arest Outside Section Corner:	
Phone: ()					
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:		County: Lease Na			
Is ACO-1 filed? Yes No If not, is w	ell log attached? Yes		•	proved on: (Date)	
Producing Formation(s): List All (If needed attach another	ner sheet)	by:		(KCC District Agent's Name)	
Depth to Top: Bot	Plugging Commenced:				
Depth to Top: Bottom: T.D		Plugging Completed:			
Depth to Top: Bot	tom:T.D				
Show depth and thickness of all water, oil and gas for	mations.				
Oil, Gas or Water Records		Casing Record (Surl	asing Record (Surface, Conductor & Production)		
Formation Content	Casing	Size	Setting Depth	Pulled Out	
Describe in detail the manner in which the well is pluged cement or other plugs were used, state the character		•		nods used in introducing it into the hole. If	
Plugging Contractor License #:		Name:	ame:		
Address 1:		Address 2:			
City:		State:			

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.

______, ss.