

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1168335

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

| OPERATOR: License #: | | | | API No. 15 | | |
|---|--------------------------------|---------|---|--|--|--|
| Name: | | | I | Spot Description: | | |
| Address 1: | | | | Sec T | wp 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) | | | ic Coun | ty: | | |
| Water Supply Well Other: SWD Permit #: | | | Leas | Lease Name: Well #: | | |
| ENHR Permit #: Gas Storage Permit #: | | | Date | Well Completed: | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | The plugging proposal was approved on: (Date) | | |
| Producing Formation(s): List A | | | | | (KCC District Agent's Name) | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | |
| Depth to | m: T.D | Plugg | Plugging Completed: | | | |
| Depth to | o Top: Botto | m:T.D | | | | |
| Ob d | all contain all and man famous | | | | | |
| Show depth and thickness of | | ations. | 0 ' 0 ' | (0.60 | | |
| Oil, Gas or Water Records | | | Casing Record (Surface, Conductor & Production) | | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| cement or other plugs were us | . 00 | | • | | ods used in introducing it into the hole. If | |
| Plugging Contractor License #: | | | Name: | ne: | | |
| Address 1: | | | Address 2: | | | |
| City: | | | State | : | Zip:+ | |
| Phone: () | | | | | | |
| Name of Party Responsible fo | or Plugging Fees: | | | | | |
| State of | County, _ | | , SS. | | | |
| (Print Nama) | | | | Employee of Operator or | Operator on above-described well, | |

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