

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

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:				Spot Description:		
Address 1:				Sec Twp 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) Oil Well Gas Well OG D&A Cathodic						
Water Supply Well	SWD Permit #:					
ENHR Permit #:	orage 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 All (If needed attach another sheet)				by:(KCC District Agent's Name)		
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth	om: T.D		Plugging Completed:			
Depth	to Top: Botto	om:T.D		g Completed		
Show depth and thickness o	of all water, oil and gas form	ations.				
Oil, Gas or Water Records			Casing Record (Su	ing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
ement or other plugs were	used, state the character of	f same depth placed from (bot	ttorn), to (top) for ea	cn plug set.		
Plugging Contractor License #:						
Address 1:			Address 2:			
City:			State:			
Phone: ()						
Name of Party Responsible	for Plugging Fees:					
State of County,			, SS.			
			F	mplovee of Operator or	Operator on above-described well,	
	(Print Name)				operate. on above accombod well,	

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