

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: ____

(Print Name)

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 #:		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 Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.			County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:		
Depth to Top: Botton	m:T.D	_			
Show depth and thickness of all water, oil and gas formation	ations.	<u> </u>			
Oil, Gas or Water Records Casing		asing Record (Surfa	g Record (Surface, Conductor & Production)		
Formation Content	Casing	Size	Setting Depth	Pulled Out	
Describe in detail the manner in which the well is plugg cement or other plugs were used, state the character of		•		ds used in introducing it into the hole. If	
Plugging Contractor License #:					

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.

______ State: ______ Zip: ______+ ____+ ____

Employee of Operator or Operator on above-described well,

______, ss.