

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

1169570

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 #:			AF	PI No. 1	5		
Name:				Spot Description:			
Address 1:					•	wp S. R East West	
					Feet from		
City:	State:	Zip: +	_		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)				County: Well #: Well #: The plugging proposal was approved on: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D							
				Plugging Commenced:			
Depth	•	Bottom:T.D	l Pl	ugging	Completed:		
Show depth and thickness of all water, oil and gas formations.							
Oil, Gas or Wat				cord (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		plugged, indicating where the mater of same depth placed from (•			ods used in introducing it into the hole. If	
Plugging Contractor License #:				lame:			
Address 1:				ddress 2:			
City:				ate:			
Phone: ()							
Name of Party Responsible	for Plugging Fees:						
State of County,				SS.			
				Em	nployee of Operator or	Operator on above-described well,	

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)