

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

1170545

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:				SecTwp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section					
Address 2:									
City:									
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.				Date Well Completed:					
Depth to Top: Bottom: T.D				Plugging Completed:					
	лор. <u></u> Воло	III I.D							
Show depth and thickness of	all water, oil and gas forma	itions.	•						
				Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out			
Describe in detail the manner cement or other plugs were us						ds used in introduc	ing it into the hole. If		
Plugging Contractor License #:									
Address 1:			Address 2:						
City:			Stat	e:		Zip:	+		
Phone: ()									
Name of Party Responsible fo	r Plugging Fees:								
State of	County, _		, ss	_	oloyee of Operator or	Operator on a	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