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

1171102

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

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: 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 #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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) Settem: TD	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (KCC District Agent's Name)
Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Records	Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing Size		Setting Depth	Pulled Out		

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name:	
Address 1:		Address 2:	
City:		State:	Zip: +
Phone: ()			
Name of Party Responsible for Plugging	g Fees:		
State of	County,	, SS.	
	(Print Name)		or or Operator on above-described well
haing first duly sugars an eath source. The	at I have knowledge of the factor	totomonto, and mottors harain contained, and the la	a of the choice described well is so filed on

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.

Submitted Electronically



AWFORD

No. 52022 0

CUSTOMER P.O.

OIL PATCH PUMP & SUPPLY INC.

OIL COUNTRY & INDUSTRIAL SUPPLY HOUSE P.O. BOX 591 CHANUTE, KANSAS 66720 620-431-1890 CHANUTE: 1-800-279-0116 OSAWATOMIE: 1-800-432-0217 INDEPENDENCE: 1-620-331-4580 IOLA: 1-620-365-5265 MADISON: 1-620-437-2100 WELLSVILLE: 1-785-883-4500 www.oilpatchpump.com DATE

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COUNTY:

QUALITY OF USED PRODUCTS ARE BASED ON GOOD FAITH OPINION ONLY WITHOUT WARRANTIES OR GUARANTIES OF ANY KIND. FORMAL ACCOUNTING WILL BE MADE ON ALL PRICES IN EFFECT AT TIME OF

MACHINE BILLING.

CUSTOMER COPY