

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

Form CP-4 March 2009 Type or Print on this Form Form must be Signed

WELL PLUGGING RECORD K.A.R. 82-3-117 All blanks must be Filled

OPERATOR: License #:				API No. 15			
Name:				Spot Description:			
Address 1:				SecTwp S. R EastWest Feet from North / South 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				County:			
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:			
ENHR Permit #: Gas Storage 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 <b>District</b> Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D				I Pluagina Completed:			
Depth to	o Top: Bott	om:T.D					
Show depth and thickness of	all water, oil and gas form	nations.					
Oil, Gas or Water Records			Casing F	ing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		ged, indicating where the muc f same depth placed from (bo		•		ods used in introducing	; it into the hole. If
Plugging Contractor License #:			Name: _				
Address 1: Ad				2:			
City:				State:		Zip:	+
Phone: ( )							
Name of Party Responsible for	or Plugging Fees:						
State of	County,			_ , SS.			
				Fn	anlovee of Operator of	Operator on abo	we-described well
(Print Name)				= []	iployee of Operator of		,vo 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