

**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

## WELL PLUGGING RECORD

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

K.A.R. 82-3-117 API No. 15 - \_\_\_\_\_ OPERATOR: License #: Spot Description: \_-\_\_- Sec. \_\_\_ Twp. \_\_\_ S. R. \_\_\_ East West Address 1: \_\_\_ \_\_\_ Feet from North / South Line of Section Address 2: \_\_\_ \_\_\_\_\_ 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 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 District Agent's Name) \_\_\_\_\_\_ Depth to Top: \_\_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_ Plugging Commenced:\_\_\_\_\_ Bottom: T.D. \_ Depth to Top: \_\_\_ Plugging Completed: \_\_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Pulled Out Formation Content Casing Setting Depth

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: _				
ddress 1:		Address	Address 2:			
City:			State:	_ Zip:	_+	
Phone: ( )						
Name of Party Responsible for Plugging Fee	os:					
State of	County,		_ , SS.			
	eta (Marca)		Employee 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.