

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

11/2112

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: | | | | Sec Twp S. R East West | | |
| Address 2: | | | | Feet from North / South Line of Section | | |
| City: | | | | 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 Cat Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes | | | Leas Date | County: | | |
| Producing Formation(s): List All (If needed attach another sheet) | | | | by: (KCC District Agent's Name) | | |
| | | m: T.D | | | | |
| Depth to | m: T.D | Plugging Commenced: | | | | |
| Depth to | o Top: Botto | m:T.D | Plugg | Plugging Completed: | | |
| | | | | | | |
| Show depth and thickness of | all water, oil and gas forma | ations. | | | | |
| Oil, Gas or Water Records | | | Casing Record | asing Record (Surface, Conductor & Production) | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| cement or other plugs were us | | | • | | ods used in introducing it into the hole. If | |
| Plugging Contractor License #: | | | Name: | | | |
| Address 1: | | | Address 2: | | | |
| City: | | | State | : | Zip:+ | |
| Phone: () | | | | | | |
| Name of Party Responsible fo | or Plugging Fees: | | | | | |
| State of | County | | . 88 | | | |
| | | | | Franksis of Orest | Operator on alternative to the | |
| (Print Name) | | | | Employee of Operator or | Operator on 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