

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

1172529

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 Footages Calculated from Nearest Outside Section Corner:		
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.				County: Well #: The plugging proposal was approved on: (KCC District Agent's Name) Plugging Commenced:		
				Plugging Completed:		
Depth to	7 юр воло	III I.D				
Show depth and thickness of a	all water, oil and gas forma	ations.	•			
Oil, Gas or Water Records			Casing Red	asing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	•	Setting Depth	Pulled Out
					<u> </u>	
cement or other plugs were us		-				ds used in introducing it into the hole. If
Plugging Contractor License #:						
Address 1:			Address 2:			
City:			\$	State:		Zip:+
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	Countv			, SS.		
	37 -	,			mployee of Operator or	Operator on above-described well,
(Print Name)					inployee of Operator of	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.