

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

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

60 days from plugging date.		WELL PLUGGING RECORD K.A.R. 82-3-117				Form must be Signed All blanks must be Filled			
OPERATOR: License #:				API No. 15					
Name:				Spot Description	n:				
Address 1:					Sec	Twp S. R East West			
Address 2:					Feet fror	n North / South Line of Section			
City:	State:	Zip:+			Feet fror	m East / West Line of Section			
Contact Person:			Footages Calculated from Nearest Outside Section Corner:						
Phone: ()		NE NW SE SW							
ENHR Permit #: Yes Is ACO-1 filed? Yes Producing Formation(s): Lis: Depth Depth Depth	m: T.D m: T.D m: T.D	County: Lease Name: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:							
Show depth and thickness of		ations.	Casina	December (Countries of	Daniel Later 6 Dan	duration)			
Oil, Gas or Water Records				Record (Surface, Conductor & Produc		,			
Formation	Content	Casing	Size	56	tting 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 Fee	s:									
State of	County,		_ , SS.							
				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.

(Print Name)