

Employee of Operator or Operator on above-described well,

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

Name of Party Responsible for Plugging Fees: ____

__ County, ___

(Print Name)

State of ____

Kansas Corporation Commission

OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD K.A.R. 82-3-117

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

OPERATOR: License #:			1	API No. 15	i										
Name:				Spot Description:											
Address 1:				-	·	wp S. R East V	Vest								
Address 2:					Feet from										
City:				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date)											
								Producing Formation(s): List A	All (If needed attach another	sheet)		by:		(KCC District Agent's Na	ате)
								Depth to Top: Bottom: T.D				Plugging Commenced:			
								Depth to Top: Bottom: T.D							
								Depth to	Top: Botto	m:T.D		999			
Show depth and thickness of	all water, oil and gas forma	ations.					_								
Oil, Gas or Water		Casing Record (Surface, Conductor & Pro			ction)										
Formation	Content	Casing	Size		Setting Depth	Pulled Out									
							-								
							\perp								
Describe in detail the manner cement or other plugs were us		_				ds used in introducing it into the hol	e. If								
00 0															
Address 1:			Address	2:			—								
City:				State:		Zip:++									
Phone: ()				_											

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.

______ , SS.