

**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

## 1176042

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:                                                                                 |                       |                                             |  |
|                                                                   |                   |                                                             |            | SecTwp S. R EastWest Feet from North / South Line of Section                                      |                       |                                             |  |
| Address 2:                                                        |                   |                                                             |            |                                                                                                   |                       |                                             |  |
| City: State: Zip: +                                               |                   |                                                             | .          | Feet from East / West Line of Section                                                             |                       |                                             |  |
| Contact Person:                                                   |                   |                                                             |            | Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW                             |                       |                                             |  |
| Phone: ( )                                                        |                   |                                                             |            |                                                                                                   |                       |                                             |  |
| Type of Well: (Check one)                                         | Oil Well Gas Well | OG D&A Cathodi                                              | ic         | 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) by: (KCC District Agent's Name) Plugging Commenced: |                       |                                             |  |
| Producing Formation(s): List All (If needed attach another sheet) |                   |                                                             |            |                                                                                                   |                       |                                             |  |
| Depth to Top: Bottom: T.D                                         |                   |                                                             |            |                                                                                                   |                       |                                             |  |
| Depth to Top: Bottom: T.D                                         |                   |                                                             |            | Plugging Completed:                                                                               |                       |                                             |  |
| Depth to                                                          | o Top: Botto      | m:T.D                                                       |            | 00 0                                                                                              | •                     |                                             |  |
|                                                                   |                   |                                                             |            |                                                                                                   |                       |                                             |  |
| Show depth and thickness of                                       |                   | ations.                                                     |            |                                                                                                   |                       |                                             |  |
| Oil, Gas or Wate                                                  |                   | Casing Record (Surface, Conductor & Production)             |            |                                                                                                   |                       |                                             |  |
| Formation                                                         | Content           | Casing                                                      | Size       |                                                                                                   | Setting Depth         | Pulled Out                                  |  |
|                                                                   |                   |                                                             |            |                                                                                                   |                       |                                             |  |
|                                                                   |                   |                                                             |            |                                                                                                   |                       |                                             |  |
|                                                                   |                   |                                                             |            |                                                                                                   |                       |                                             |  |
|                                                                   |                   |                                                             |            |                                                                                                   |                       |                                             |  |
|                                                                   |                   |                                                             |            |                                                                                                   |                       |                                             |  |
|                                                                   |                   | ed, indicating where the mud<br>same depth placed from (bot |            |                                                                                                   |                       | Is used in introducing it into the hole. If |  |
| Plugging Contractor License #:                                    |                   |                                                             |            |                                                                                                   |                       |                                             |  |
| Address 1:                                                        |                   |                                                             | Address 2: |                                                                                                   |                       |                                             |  |
| City:                                                             |                   |                                                             |            | State:                                                                                            |                       | Zip: +                                      |  |
| Phone: ( )                                                        |                   |                                                             |            |                                                                                                   |                       |                                             |  |
| Name of Party Responsible for                                     | or Plugging Fees: |                                                             |            |                                                                                                   |                       |                                             |  |
| State of County,                                                  |                   |                                                             |            | , SS.                                                                                             |                       |                                             |  |
|                                                                   |                   |                                                             |            | Em                                                                                                | ployee 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