

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

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 Cathodic				County:			
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:			
BNHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed: (Date)  The plugging proposal was approved on: (Date)			
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to	Top: Botto	m:T.D					
Show depth and thickness of a	all water, oil and gas forma	ations.	-				
Oil, Gas or Water Records Cas			Casing Record (S	ng Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us	. 00		•				
Plugging Contractor License #:			Name:	e:			
Address 1:			Address 2:				
City:			State: _		Zip:	+	
Phone: ( )							
Name of Party Responsible for	r Plugging Fees:						
State of	County, _		·				
	(Print Nama)		E	Employee of Operator o	or Operator on abo	ove-described well,	
being first duly sworn on oath,	(Print Name) says: That I have knowled	dge of the facts statements, ar	nd matters herein	contained, and the log o	of the above-described	well is as filed, and	

Submitted Electronically