

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

1176820

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 #:			AF	I No. 15	5									
Name:				Spot Description: Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section 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 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. Depth to Top: Bottom: T.D.				County: Well #: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:		
								Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records Cas			Casing Reco	ng Record (Surface, Conductor & Production)										
Formation	Content	Casing	Size		Setting Depth	Pulled Out								
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole								
Plugging Contractor License #: N				e:										
Address 1:				dress 2:										
City:			Sta	State: + +										
Phone: ()														
Name of Party Responsible for	r Plugging Fees:													
State of County,			, , s	_										
				Em	ployee of Operator or	Operator on above-described w								

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)