

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

1182737

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	5			
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 Water Supply Well Other: SWD Permit #:				County: 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							(Date)	
Producing Formation(s): List							District Agent's Name)	
Depth to Top: Bottom: T.D								
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:				
Depth to	o Top: Botto	om:T.D		Plugging (Completed:			
Show depth and thickness of	all water, oil and gas form	ations.						
Oil, Gas or Water Records Casing				Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Setting Depth Pulled Out		
Describe in detail the manner		-		•				
Plugging Contractor License #:				Name:				
Address 1:				Address 2:				
City:				_ State:		Zip:	+	
Phone: ()				_				
Name of Party Responsible for	or Plugging Fees:							
State of	County,			, ss.				
				Em	nlovee of Operator of	n Operator on a	ahove-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)