

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

1183737

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			
				escription:			
				Sec 7			
				Feet from		outh Line of Section	
City:	State: _			Feet from	n East / W	est 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: 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)			
Producing Formation(s): List	All (If needed attach and	ther sheet)	by:		(KCC D	istrict Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth	to Top: B	ottom:T.D					
Show depth and thickness of	f all water, oil and gas fo	rmations.	l .				
Oil, Gas or Wate		Casing Record (S	Surface, Conductor & Prod	luction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		ugged, indicating where the mud r of same depth placed from (bot	•		ods used in introducir	ng it into the hole. If	
Plugging Contractor License	Name:	me:					
Address 1:			Address 2:	dress 2:			
City:			State: _		Zip:	+	
Phone: ()							
Name of Party Responsible	or Plugging Fees:						
State of County,			, SS.				
				Employee of Operator or	r Operator on ab	pove-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)