

**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

## 1185119

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 #:			A	.PI No.	15	
Name:				Spot Description:		
Address 1:						
Address 2:						
City:						
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 #:  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.  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 all water, oil and gas formations.  Oil, Gas or Water Records  Casin				Record (Surface, Conductor & Production)		
,	Formation Content		Size	, ,		
Describe in detail the manner cement or other plugs were us		-				ods used in introducing it into the hole. If
Plugging Contractor License #:						
Address 1: Ad						
ity:			S	tate:		
Phone: ( )						
Name of Party Responsible fo	r Plugging Fees:					
State of	County,			SS.		
(Print Name)				E	mployee 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