

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

1186694

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 Cat Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes			Leas Date	County:		
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)		
		m: T.D				
Depth to	m: T.D	Plugging Commenced:				
Depth to	o Top: Botto	m:T.D	Plugg	Plugging Completed:		
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water Records			Casing Record	asing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us			•		ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State	:	Zip:+	
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County		. 88			
				Franksis of Orest	Operator on alternative to the	
(Print Name)				Employee 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