

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

1192419

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 #:			AP	I No. 15			
Name:				Spot Description:			
Address 1:					Sec Tw	/p S. R East West	
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:			
City:							
Contact Person:							
Phone: ()					NE NW	SE SW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	untv:			
Water Supply Well Other: SWD Permit #: Gas Storage Permit #: SACO-1 filed? Yes No If not, is well log attached? Yes No				Lease Name: Well #:			
				The plugging proposal was approved on: (Date)			
Producing Formation(s): List A	All (If needed attach another	r sheet)	by:			(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D							
Depth to	Top: Botto	om:T.D		.999			
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	S	etting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If	
Plugging Contractor License #:							
Address 1:			Address 2:				
City:			Sta	ite:		Zip:++	
Phone: ()							
Name of Party Responsible fo	or Plugging Fees:						
State of	County, _		, s	S.			
	(8.1.11			Employ	ee 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