

Employee of Operator or Operator on above-described well,

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

WELL PLUGGING RECORD

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:			. 02-5-117	l API No. 15	ō -	
OPERATOR: License #:				Spot Description:		
Address 1:						
Address 2:						
City: State: Zip: +						
Contact Person:				Footages Calculated from Nearest Outside Section Corner:		
Phone: ()				Ĭ	NE NW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cath	odic			
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 another sheet)				by: (KCC District Agent's Name)		
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to Top: Bottom: T.D				Plugaing Completed:		
Depth to Top: Bottom: T.D						
Show depth and thickness of	of all water, oil and gas for	rmations.				
Oil, Gas or Wa		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out
	-	igged, indicating where the monor of same depth placed from (i		•		ods used in introducing it into the hole. If
Plugging Contractor License #: Address 1:						
City:				_ State:		
Phone: ()				_		
Name of Party Responsible	for Plugging Fees:					

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)