# 

**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

### 1196427

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:			I	Spot Description:		
Address 1:				Sec T	wp 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)			ic Coun	ty:		
Water Supply Well Other: SWD Permit #:			Leas	Lease Name: 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 A					(KCC <b>District</b> Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to	m: T.D	Plugg	Plugging Completed:			
Depth to	o Top: Botto	m:T.D				
Ob d	all contain all and man famous					
Show depth and thickness of		ations.	0 ' 0 '	(0.60		
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us	. 00		•		ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ne:		
Address 1:			Address 2:			
City:			State	:	Zip:+	
Phone: ( )						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _		, SS.			
(Print Nama)				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

## **Summary of Changes**

Lease Name and Number: Haase 1 API/Permit #: 15-053-21303-00-00

Doc ID: 1196427

Correction Number: 1

Field Name Previous Value New Value

CasingRecordSetting\_1 289 334

Save Link ../../kcc/detail/operatorE ../../kcc/detail/operatorE

ditDetail.cfm?docID=11 ditDetail.cfm?docID=11

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