

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

1198119

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:				SecTwp S. R EastWest Feet from North / South Line of Section Feet from East / West Line of Section 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.				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:	
							Show depth and thickness of a	all water, oil and gas forma	ations.			
			Casing Record	ng Record (Surface, Conductor & Production)								
Formation	Content	Casing	Size	Setting Depth	Pulled Out							
Describe in detail the manner cement or other plugs were us					nods used in introducing it into the hole. If							
Plugging Contractor License #:			Name:	ne:								
Address 1:			Address 2:	ldress 2:								
City:			State	:								
Phone: ()												
Name of Party Responsible fo	r Plugging Fees:											
State of County,			, ss.	Employee of Oreset	n Opposite on the same described to the							
				Employee of Operator o	r Operator on above-described well,							

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)