

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

1199818

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:		
Address 2:						
City:						
Contact Person:						
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 N Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.				Date Well Completed:		
Depth to Top: Bottom: T.D						
Беринс	э тор вошо	III I.D				
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records			Casing F	asing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us						eds used in introducing it into the hole. If
Plugging Contractor License #:			Name: _	me:		
Address 1: A			Address	ess 2:		
City:				State:		Zip:+
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, _			_ , SS.		
				oloyee of Operator or	Operator on above-described well,	
(Print Name)						

the same are true and correct, so help me God.

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