

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

1201080

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		
Address 2:						
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)	Oil Well Gas Well	OG D&A Cathod	ic County	<i>.</i>		
Water Supply Well	Other:	SWD Permit #:				
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes N				The plugging proposal was approved on:		
Producing Formation(s): List	All (If needed attach another	r sheet)			(KCC District Agent's Name)	
Depth to	o Top: Botto	om: T.D				
Depth to	o Top: Botto	om: T.D	Plugging Commenced: Plugging Completed:			
Depth to	o Top: Botto	om:T.D	Fluggii	ng Completed		
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water Records			Casing Record (S	Surface, Conductor & Produc	ction)	
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
zement of other plags were u	seu, state the character of	same depth placed from (bot	itorii), to (top) for e	sauri piug set.		
Plugging Contractor License #:						
Address 1:			Address 2:			
City:					Zip:+	
Phone: ()						
Name of Party Responsible for	or Plugging Fees:					
State of County,			, SS.			
	(Drint Nome)			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