

**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

## 1205520

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 #:			AP	I No. 15			
Name:				Spot Description:			
Address 1:					Sec Tw	/p S. R East West	
Address 2:				Feet from North / South Line of Section  Feet from East / West Line of Section  Footages Calculated from Nearest Outside Section Corner:			
City:							
Contact Person:							
Phone: ( )					NE NW	SE SW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	untv:			
Water Supply Well Other: SWD Permit #: Gas Storage Permit #: SACO-1 filed? Yes No If not, is well log attached? Yes No				Lease Name: Well #:			
				The plugging proposal was approved on: (Date)			
Producing Formation(s): List A	All (If needed attach another	r sheet)	by:			(KCC <b>District</b> Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D							
Depth to	Top: Botto	om:T.D		.999			
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	S	etting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If	
Plugging Contractor License #:							
Address 1:			Address 2:				
City:			Sta	ite:		Zip:++	
Phone: ( )							
Name of Party Responsible fo	or Plugging Fees:						
State of	County, _		, s	S.			
	(8.1.11			Employ	ee 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