

**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

1208532

Employee of Operator or Operator on above-described well,

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. 8	2-3-117				
OPERATOR: License #:				API No. 15			
Name:				Spot Description:			
Address 1:				Feet from North / South Line of Section Feet from East / West Line of Section			
Address 2:							
City:							
Contact Person:							
Phone: ( )				-	NE NW	SE SW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	С				
Water Supply Well Other: SWD Permit #:				Lease Name: vveii #:			
ENHR Permit #: Gas Storage Permit #:							
Is ACO-1 filed? Yes No If not, is well log attached? Yes				Date Well Completed:			
Producing Formation(s): List A						(KCC <b>District</b> Agent's Name)	
Depth to	•	m: T.D					
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to		m:T.D		Plugging C	ompleted:		
·	•						
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Re	Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		3			3 - 1		
Describe in detail the manner cement or other plugs were us		_		•		ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:				
Address 1:			Address 2:				
City:				State:			
Phone: ( )							
Name of Party Responsible for	r Plugging Fees:						
State of County,				, ss.			

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)