

**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

## 1208586

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

## WELL PLUGGING RECORD

API No. 15 - \_\_\_\_\_ OPERATOR: License #: Spot Description: \_-\_\_- Sec. \_\_\_ Twp. \_\_\_ S. R. \_\_\_ East West Address 1: \_\_\_ Feet from North / South Line of Section Address 2: \_\_\_ \_\_\_\_\_ 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 Cathodic County: \_\_\_\_ Water Supply Well Other: SWD Permit #:\_ Lease Name: \_\_\_\_\_\_ Well #:\_\_\_\_\_ ENHR Permit #: \_\_\_\_\_ Gas Storage Permit #: \_\_\_\_ Date Well Completed: \_\_\_ Is ACO-1 filed? Yes No If not, is well log attached? Yes No The plugging proposal was approved on: \_\_\_\_ Producing Formation(s): List All (If needed attach another sheet) \_\_\_\_\_(KCC **District** Agent's Name) \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_ Plugging Commenced:\_\_\_\_\_ \_\_\_ T.D. \_\_\_ \_ Depth to Top: \_\_\_ Bottom: Plugging Completed:\_\_\_\_\_ \_\_\_\_\_\_ Depth to Top: \_\_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_ Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Record (Surface, Conductor & Production) Size Formation Content Casing Setting Depth Pulled Out Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. \_\_\_\_\_ Name: \_\_\_ Plugging Contractor License #: \_\_\_ Name of Party Responsible for Plugging Fees: \_\_\_\_ \_\_\_\_\_ County, \_\_\_\_\_\_ , ss. Employee of Operator or 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)



LOCATION A SOLVEY AS

DATE

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 FIELD TICKET & TREATMENT REPORT

Fuzzy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	PANOE	K5
4-29	4.44		TOTAL DESCRIPTION OF LAND	TOWNSHIP	RANGE	COUNTY
CUSTOMER		Frazce 1-23	23	235	40w	Wamildon
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

TITLE