

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

1213311

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:				Sec Twp S. R East West				
					Feet from	North /	South Line of Section	
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 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 No Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:				
Show depth and thickness o	f all water, oil and gas f	ormations.						
Oil, Gas or Water Records Casi				ng Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		lugged, indicating where the muer of same depth placed from (bo				ods used in introdu	cing it into the hole. If	
Plugging Contractor License #:				lame:				
Address 1:				Address 2:				
City:				State:		Zip:	+	
Phone: ()				_				
Name of Party Responsible	for Plugging Fees:							
State of	Cour	nty,			plovee of Operator o	r Operator on	ahove-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)