

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

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:	_ 1	API No. 15 -						
Name:	_	Spot Description:						
Address 1:	_	Sec Twp S. R East West Feet from North / South Line of Section						
Address 2:	_							
City: State:	Zip: +			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 Water Supply Well Other: ENHR Permit #: Gas S Is ACO-1 filed? Yes No If not, is w Producing Formation(s): List All (If needed attach anoth Depth to Top: Bot Depth to Top: Bot	No	County: Well #: Well #: (Date Well Completed: (KCC District Agent's Name						
Show depth and thickness of all water, oil and gas form	mations.							
Oil, Gas or Water Records Casing			Record (Surface, Conductor & Production)					
Formation Content	Casing	Size	S	etting Depth	Pulled Out			

cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name:							
Address 1:			Address 2:						
City:			State:		Zip:	_+			
Phone: ()									
Name of Party Responsible for Plugging Fee	s:								
State of	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)