

**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

1219472

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:   |                              |         |          | SecTwp S. R EastWest Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: |                                   |   |
| Address 2:   |                              |         |          |   |                                   |   |
| City:  |                              |         |          |   |                                   |   |
| Contact Person:  |                              |         |          |   |                                   |   |
| 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 N  Producing Formation(s): List All (If needed attach another sheet)  Depth to Top: Bottom: T.D.  Depth to Top: Bottom: T.D. |                              |         |          | Date Well Completed:  |                                   |   |
| Depth to Top: Bottom: T.D  |                              |         |          |   |                                   |   |
| ·<br>  | •                            |         |          |   |                                   |   |
| Show depth and thickness of a  | all water, oil and gas forma | ations. |          |   |                                   |   |
| Oil, Gas or Water Records Casin  |                              |         | Casing F | Record (Surface, Conductor & Production)  |                                   |   |
| Formation  | Content                      | Casing  | Size     |   | Setting 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 #:   |                              |         | Name: _  | me:   |                                   |   |
| Address 1: Ad  |                              |         | Address  | ss 2:   |                                   |   |
| City:  |                              |         |          | State: + +  |                                   |   |
| Phone: ( )   |                              |         |          |   |                                   |   |
| Name of Party Responsible fo   | or Plugging Fees:            |         |          |   |                                   |   |
| State of   | County, _                    |         |          | _ , ss.   |                                   |   |
|  |                              | Em      |          | oloyee of Operator or   | Operator on above-described well, |   |
| (Print Name)   |                              |         |          | Employee of Operator of Operator off 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.