

**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

1222125

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 #:			1 /	API No. 15 -			
OPERATOR: License #:				Spot Description:			
Address 1:						Гwp S. R	_
					Feet from		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 Cat	hodic	County:			
Water Supply Well Other: SWD Permit #: SWD Permit #: Gas Storage Permit #:				County: Well #: Date Well Completed:			
Producing Formation(s): List	st All (If needed attach and	other sheet)					District Agent's Name)
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:			
Depti	n to Top: E	Bottom:T.D					
Show depth and thickness	of all water, oil and gas f	ormations.					
				ing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Se	etting Depth	Pulled Out	
		lugged, indicating where the i er of same depth placed from				ods used in introduc	ing it into the hole. If
Plugging Contractor License #:							
Address 1:			Address 2:				
City:				State:		Zip:	+
Phone: ( )							
Name of Party Responsible	e for Plugging Fees:						
State of County,							
State of	Cour	nty,		, 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)