

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

Form CP-4

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

OPERATOR: License #: _			API No	o. 15		
Name:				Spot Description:		
Address 1:				Sec Twp S. R East West		
Address 2:				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 We	II OG D&A Catl	hodic			
Water Supply Well	SWD Permit #:		County: Well #:			
ENHR Permit #:	as Storage Permit #:					
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				•	proved on:	
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC <b>District</b> Agent's Name)		
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D						
				Plugging Commenced:		
		Bottom: T.D	Pluggi	Plugging Completed:		
Show depth and thickness	s of all water, oil and gas	formations.				
	/ater Records		Casing Record (	Surface, Conductor & Prod	luction)	
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
Tomaton	Content	Odomig	GIZO	Cotting Deptin	1 diled out	
		ter of same depth placed from	•		ods used in introducing it into the	, , , , , , , , , , , , , , , , , , ,
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State:			
Phone: ( )						
Name of Party Responsib	le for Plugging Fees:					
State of	Cou	ınty,	, ss.			
				Employee of Operator of	r Operator on above-descri	hed well
	(Print Nai			Employee of Operator of	Detailed on above-descri	JGU WEII,

Submitted Electronically

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