

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

1235820

Employee of Operator or Operator on above-described well,

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 #:						
Name:				Spot Description:		
Address 1:				Sec T	wp S. R East West	
Address 2:				Feet from	North / South Line of Section	
ity:			Feet from East / West Line of Section			
Contact Person:			Footages	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				County:		
Water Supply Well Other: SWD Permit #:						
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:		
s ACO-1 filed? Yes No If not, is well log attached? Yes				.		
Producing Formation(s): List A	_ (If needed attach another	sheet)			(KCC District Agent's Name)	
Depth to	m: T.D					
Depth to Top: Bottom: T.D			""	Plugging Commenced: Plugging Completed:		
Depth to	Top: Bottor	m:T.D		Completed:		
Show depth and thickness of a	III water, oil and gas forma	tions.				
Oil, Gas or Water Records Casing			Casing Record (Su	Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
		3		3 1		
cement or other plugs were us	. 00	•	•		ods used in introducing it into the hole. If	
Plugging Contractor License #:						
City:			State:			
Phone: ()						
Name of Party Responsible for	Plugging Fees:					
State of	County, _		, 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)