

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 #:			API No. 1	API No. 15		
Name:			Spot Desc	Spot Description:		
Address 1:				Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section		
Address 2:						
City:						
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 Water Supply Well Other: SWD Permit #: Gas Storage Permit #:			Lease Na	County: Well #:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed:		
	: List All (If needed attach anothe				(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				,,		
Depth to Top: Bottom: T.D			Plugging	Plugging Commenced:		
Depth to Top: Bottom: T.D				Plugging Completed:		
Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
					nods used in introducing it into the hole. If	
cement or other plugs v	vere used, state the character of	of same depth placed from (bott	om), to (top) for each	n plug set.		

Plugging Contractor License #: ______ Name: ____ _____ Address 2: ____ Name of Party Responsible for Plugging Fees: ____ ____ 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)