

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

1237907

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:				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 Calculated from Nearest Outside Section Corner:				
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cath	odic	County:				
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:				
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:				
s ACO-1 filed? Yes No If not, is well log attached? Yes No					ging proposal was app			
Producing Formation(s): List A	•	*		by:		(KCC	District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth to Top: Bottom: T.D				Plugging Completed:				
Depth to	Top: Bo	ottom: T.D		- 33 3	,			
Show depth and thickness of a		rmations.						
Oil, Gas or Water		Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		ugged, indicating where the mr of same depth placed from (I				ods used in introdu	zing it into the hole. If	
Plugging Contractor License #:				me:				
Address 1:				2:				
City:				_ State:		Zip:	+	
Phone: ()				_				
Name of Party Responsible fo	r Plugging Fees:							
State of	Count	у,		, SS.				
				_	mployee 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)