

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

1241189

Form CP-4

March 2009

Type or Print on this Form

Form must be Signed

All blanks must be Filled

WELL PLUGGING RECORD

OPERATOR: License #:			2-3-11 <i>1</i>	ΔPI No. 15	5 -		
OPERATOR: License #:				Spot Description:			
						wp S. R East West	
Address 1: Address 2:					Sec N		
City: State: Zip: +				Feet from East / West Line of Section			
Contact Person:				Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				NE NW SE SW County: Well #:			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:							
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed:			
Producing Formation(s): List A	_						
Depth to Top: Bottom: T.D				by: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:			
Depth to	Top: Botton	m:T.D		Plugging C	ompietea:		
Show depth and thickness of a	all water, oil and gas forma	itions.					
Oil, Gas or Water Records			Casing Re	ng Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		-				ds used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ame:			
Address 1:			Address 2	ddress 2:			
City:				State: +			
Phone: ()							
Name of Party Responsible fo	r Plugging Fees:						
State of	County, _						
				L Em	ployee 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)