

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

1241814

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 #:				I API No. 15	5			
Name:				Spot Description:				
					Sec			
					Feet from		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 Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:					County:			
ENHR Permit #: Gas Storage Permit #:				Lease Name: Well #:				
s ACO-1 filed? Yes No If not, is well log attached? Yes No					Date Well Completed: The plugging proposal was approved on: (Date)			
Producing Formation(s): List		_						
Depth to Top: Bottom: T.D					by: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth	•	ottom: T.D		Plugging (Completed:			
	·							
Show depth and thickness o	f all water, oil and gas fo	ormations.						
Oil, Gas or Water Records Casing				Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
1								
		ugged, indicating where the m or of same depth placed from (b		•		ods used in introduc	ong it into the riole. If	
Plugging Contractor License #:								
Address 1:			Addres	ss 2:				
City:				State:		Zip:	+	
Phone: ()				_				
Name of Party Responsible	for Plugging Fees:							
State of County,				, SS.				
					played of Operator of	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)