

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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		
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County:		
City:						
Contact Person:						
Phone: ()						
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic						
Water Supply Well Other: SWD Permit #:						
ENHR Permit #: Gas Storage Permit #:				Lease Name: Well #:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes				Date Well Completed:		
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)		
Depth to Top: Bottom: T.D						
Depth	ottom: T.D		Plugging Commenced:			
•	ottom: T.D		Plugging Completed:			
·	•					
Show depth and thickness of	all water, oil and gas fo	mations.				
Oil, Gas or Water Records			Casing F	Casing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
		of same depth placed from (b				ods used in introducing it into the hole. If
Plugging Contractor License #:						
Address 1: Add				2:		
City:				State:		
Phone: ()						
Name of Party Responsible f	or Plugging Fees:					
State of	Count	У,		_ , SS.		
		,			mployee of Operator or	Operator on above-described well,
(Print Name)				=	inproyee or Operator or	Operator on above-described well,

Submitted Electronically

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