

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

1249113

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.	API No. 15			
Name:			Spot De	Spot Description:		
Address 1:				SecTwp S. R EastWest 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 SW SE SW		
Address 2:						
City:						
Contact Person:						
Phone: ()						
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic						
Water Supply Well C		Lease N	Lease Name: Well #:			
ENHR Permit #:	rage Permit #:	Date W	ell Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)		
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name) Plugging Commenced:		
Depth to Top: Bottom: T.D						
Depth to	m: T.D	Plugging Completed:				
Depth to	Top: Botto	m: T.D		-		
Observed and this large and the	-11		l			
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	
Describe in detail the manner cement or other plugs were us					ds used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ne:		
Address 1: A			Address 2:	ess 2:		
City:			State: _		Zip:+	
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of County,			, SS.			
			E	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.