

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

1251224

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	
City:	State:	Zip:+		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) C Water Supply Well C ENHR Permit #:	OG D&A Cathodi SWD Permit #: rage Permit #:	Lease N	Lease Name: Well #:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed: (Date) The plugging proposal was approved on: (Date)		
Producing Formation(s): List A	—		_		(KCC District Agent's Name)	
Depth to Top: Bottom: T.D						
Depth to	m: T.D		Plugging Commenced: Plugging Completed:			
Depth to	Top: Botto	m:T.D	—— Pluggin	g Completed:		
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records			Casing Record (Si	Casing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us		_	•		ods 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, _		, SS.			
			[E	Employee 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)