

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

1252212

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: | | | | 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 | | | | County: | | |
| Water Supply Well | SWD Permit #: | | | | | |
| ENHR Permit #: | Storage Permit #: | | | · · · · · · · · · · · · · · · · · · · | | |
| 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) | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | |
| Depth | ottom: T.D | | Plugging Completed: | | | |
| Depth | to Top: B | ottom: T.D | | | | |
| | | | | | | |
| Show depth and thickness of | of all water, oil and gas for | ormations. | | | | |
| Oil, Gas or Water Records | | | Casing Record (Sur | asing Record (Surface, Conductor & Production) | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | ugged, indicating where the muc er of same depth placed from (bot | | | ods used in introducing it into the hole. If | |
| Plugging Contractor License #: | | | Name: | | | |
| Address 1: | | | Address 2: | | | |
| City: | | | State: | | Zip:+ | |
| Phone: () | | | | | | |
| Name of Party Responsible | for Plugging Fees: | | | | | |
| State of County, | | | , ss. | | | |
| | | | Er | mployee of Operator o | 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