

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

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 #:			1	API No. 15 -			
OPERATOR: License #:				Spot Description:			
Address 1:						Гwp S. R	
					Feet from		outh 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 We	II OG D&A Cat	hodic	County:			
Water Supply Well Other: SWD Permit #:				County: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
s ACO-1 filed? Yes	No If not, i	s well log attached? Yes					(Date)
Producing Formation(s): Li	st All (If needed attach ar	nother sheet)					District Agent's Name)
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:			
Dept	h to Top:	Bottom: T.D					
Show depth and thickness	of all water, oil and gas	formations.					
				ing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	;	Setting Depth	Pulled Out	
		plugged, indicating where the ter of same depth placed from				ods used in introduc	ing it into the hole. If
Plugging Contractor License #:							
Address 1:			Address 2:	:			
City:				State:		Zip:	+
Phone: ()							
Name of Party Responsible	e for Plugging Fees:						
State of County,							
State of	Cou	ınty,		, SS.			

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)