

**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

## 1253929

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 #:			AF	PI No. 1	5		
Name:				Spot Description:			
Address 1:					•	wp S. R East West	
					Feet from		
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) Oil Well Gas Well OG D&A Cathodic  Water Supply Well Other: SWD Permit #:  ENHR Permit #: Gas Storage Permit #:  Is ACO-1 filed? Yes No If not, is well log attached? Yes No  Producing Formation(s): List All (If needed attach another sheet)				County: Well #: Well #: The plugging proposal was approved on: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D							
				Plugging Commenced:			
Depth	•	Bottom:T.D	l Pl	ugging	Completed:		
Show depth and thickness of all water, oil and gas formations.							
Oil, Gas or Wat				cord (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		plugged, indicating where the mater of same depth placed from (	•			ods used in introducing it into the hole. If	
Plugging Contractor License #:				lame:			
Address 1:				ddress 2:			
City:				ate:			
Phone: ( )							
Name of Party Responsible	for Plugging Fees:						
State of County,				SS.			
				Em	nployee 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.

(Print Name)