

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

**WELL PLUGGING RECORD** 

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:			API No. 15				
Name:			Spot Description:				
Address 1:							
							Show depth and thickness of all water, oil and gas for
Oil, Gas or Water Records Casing			g Record (Surface, Conductor & Production)				
Formation Content	Casing	Size	Setting Depth	Pulled Out			

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:		Name: _					
Address 1:		Address 2	ddress 2:				
City:			State:		_ Zip:	+	
Phone: ( )							
Name of Party Responsible for Plugging Fee	s:						
State of	County,		_ , SS.				
				Employee of Operator or	Operator on abov	e-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)