

**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

## 1257002

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										
								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)  Depth to Top: Bottom: T.D.  Depth to Top: Bottom: T.D.				County:  Lease Name: Well #:  Date Well Completed: (Date)  by: (KCC District Agent's Name)  Plugging Commenced:		
								Depth to Top: Bottom:T.D				Plugging Completed:		
						1.5								
Show depth and thickness of a	all water, oil and gas forma	ations.	•											
				Record (Surface, Conductor & Production)										
Formation	Content	Casing	Size		Setting Depth	Pulled Out								
					<u> </u>									
Describe in detail the manner cement or other plugs were us						Is used in introducing it into the hole. If								
Plugging Contractor License #:			Name:	ame:										
Address 1:			Address 2: _											
City:			St	ate:		Zip:+								
Phone: ( )														
Name of Party Responsible fo	r Plugging Fees:													
State of County,			,	SS.										
(Drint Marca)				Em	ployee of Operator or	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