

Employee of Operator or Operator on above-described well,

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 K.A.R. 82-3-117

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

OPERATOR: License #:			ı	API No. 15			
Name:				Spot Description:			
Address 1:				•	•	vp S. R East West	
Address 2:					Feet from		
City:							
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	С	0			
Water Supply Well Other: SWD Permit #:				County: Well #:			
ENHR Permit #: Gas Storage Permit #:							
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed: The plugging proposal was approved on: (Date)			
Producing Formation(s): List /			'			(KCC District Agent's Name)	
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:			
Depth to Top: Bottom: T.D				Plugging Completed:			
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Water		Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	<u> </u>	Setting Depth	Pulled Out	
					<u> </u>		
Describe in detail the manner cement or other plugs were u		_		•		ds used in introducing it into the hole. If	
Plugging Contractor License #:							
City:				_ State:		Zip:+	
Phone: ()				_			
Name of Party Responsible for	or Plugging Fees:						

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.

_____, , SS.

_ County, ___

(Print Name)

State of ____