

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

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			
Name:				Spot Description:			
Address 1:				Sec Twp S. R East West			
Address 2:				Feet from North / South 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	I OG D&A Cath	hodic				
Water Supply Well Other: SWD Permit #:				County: Well #:			
ENHR Permit #:							
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				•	proved on:		
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC <b>District</b> Agent's Name)			
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D							
				Plugging Commenced:			
		Bottom:T.D	Pluggi	Plugging Completed:			
Show depth and thicknes	s of all water, oil and gas	formations.					
	Vater Records		Casing Record (	Surface, Conductor & Prod	duction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
Tomation	Content	Cushing	Oize	Cetting Deptin	T diled Out		
		olugged, indicating where the r	•				
Plugging Contractor License #:			Name:				
Address 1:			Address 2:				
City:			State:		Zip:	_+	
Phone: ( )							
Name of Party Responsib	ole for Plugging Fees:						
State of	Cou	inty,	, SS.				
				Employee of Operator of	or Operator on above	-described well	
	(Print Nar			Employee of Operator of	. Desiator on above	acacinaca 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