

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

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

60 days from plugging date	э.	WELL PLUG	GING REC R. 82-3-117	ORD	Form must be Signed All blanks must be Filled	
OPERATOR: License #:			APIN	No. 15 -		
Address 1:				Sec Twp S. R East West		
Address 2:						
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 Well	OG D&A Cath	nodic	ntv.		
Water Supply Well Other: SWD Permit #:						
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:		
Is ACO-1 filed? Yes	No If not, is w	vell log attached? Yes			proved on: (Date)	
Producing Formation(s): Li	•	*			(KCC District Agent's Name)	
Dept		ttom: T.D	I Plugo	ging Commenced:		
Dept	·	ttom: T.D	"			
Dept	h to Top: Bo	ttom:T.D				
Show depth and thickness	of all water, oil and gas for	mations.				
Oil, Gas or Water Records Cas				ng Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
		gged, indicating where the n of same depth placed from (•		nods used in introducing it into the hole. If	
Plugging Contractor Licens	se #:		Name:			
Address 1:			Address 2:	dress 2:		
City:			State	:		
Phone: ()						
Name of Party Responsible	e for 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.

(Print Name)