

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

ON 1269006

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: | | | | SecTwp S. R EastWest Feet from North / South 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 Cathodic | | | | County: | | | |
| Water Supply Well Other: SWD Permit #: | | | | Lease Name: Well #: | | | |
| ENHR Permit #: Gas Storage Permit #: | | | | Date Well | Completed: | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | The plugging proposal was approved on: (Date) | | | |
| Producing Formation(s): List All (If needed attach another sheet) | | | | by:(KCC District Agent's Name) | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: | | | |
| Depth to Top: Bottom: T.D | | | | I Pluagina Completed: | | | |
| Depth to | o Top: Bott | om:T.D | | | | | |
| | | | | | | | |
| Show depth and thickness of | all water, oil and gas form | nations. | | | | | |
| Oil, Gas or Water Records | | | Casing F | ing Record (Surface, Conductor & Production) | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | ged, indicating where the muc f same depth placed from (bo | | • | | ods used in introducing | ; it into the hole. If |
| Plugging Contractor License #: | | | Name: _ | | | | |
| Address 1: Ad | | | | 2: | | | |
| City: | | | | State: | | Zip: | + |
| Phone: () | | | | | | | |
| Name of Party Responsible for | or Plugging Fees: | | | | | | |
| State of | County, | | | _ , SS. | | | |
| | | | | Fn | anlovee of Operator of | Operator on abo | we-described well |
| (Print Name) | | | | = [] | iployee of Operator of | | ,vo 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