

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

1270649

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 #:			1	API No. 1	5	
Name:				Spot Description:		
Address 1:				•	•	wp S. R East West
					Feet from	
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 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. Depth to Top: Bottom: T.D.				County: Well #: Well #: (Date Well Completed: (FCC District Agent's Name) Plugging Commenced: Plugging Completed:		
Show depth and thickness of	all water, oil and gas fo	ormations.				
, <u> </u>			Casing R	sing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	,	Setting Depth	Pulled Out
	•	ugged, indicating where the reprise of same depth placed from		•		ods used in introducing it into the hole. If
Plugging Contractor License #:				ame:		
Address 1:				ldress 2:		
City:				State:		
Phone: ()						
Name of Party Responsible f	or Plugging Fees:					
State of County,						
				En	nployee of Operator or	Operator on above-described well,

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)