

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 #:				API No. 15	j -			
OPERATOR: License #:				Spot Description:				
Address 1:				Sec Twp S. R East West				
Address 2:					Feet from		outh Line of Section	
City: State: Zip: +								
Contact Person:								
Phone: ()					NE NW			
Type of Well: (Check one)			ic	_				
Water Supply Well Other: SWD Permit #:				County:				
ENHR Permit #: Gas Storage Permit #: _				Lease Name: Well #:				
Is ACO-1 filed? Yes No If not, is well log attached? Yes				Date Well Completed: (Date) The plugging proposal was approved on: (Date)				
Producing Formation(s): List A			_ No	. 00	·		District Agent's Name)	
Depth to	•	m: T.D						
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth to	·	m: T.D		Plugging C	Completed:			
Show depth and thickness of a	all water, oil and gas forma	ations.						
Oil, Gas or Water Records			Casing	asing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	· ·	Setting Depth	Pulled Out		
		Ü						
Describe in detail the manner cement or other plugs were us	. 00			•		ods used in introduci	ng it into the hole. If	
Plugging Contractor License #:								
Address 1:			Address	3 2:				
City:				_ State:		Zip:	+	
Phone: ()				_				
Name of Party Responsible fo	r 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)