

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

ION 12/4648

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. 15	- -	
OPERATOR: License #:				Spot Description:		
Address 1:				•	·	wp S. R East West
Address 2:				Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:		
City:						
Contact Person:						
Phone: ()					NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:		
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:		
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: Botto	om:T.D				
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water Records			Casing R	asing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out
Describe in detail the manner cement or other plugs were us						ds used in introducing it into the hole. If
Plugging Contractor License #:			Name: _	ame:		
Address 1:			Address	2:		
City:				State: +		
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	Countv			_ , SS.		
				played of Operator	Operator on phase described	
(Print Name)				Employee 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.