

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

1286423

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 Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:		
Address 2:						
City:						
Contact Person:						
Phone: ()				NE NW	SE SW	
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #:				County: Well #: Date Well Completed: (Date)		
ENHR Permit #: Gas Storage Permit #:						
Is ACO-1 filed? Yes No If not, is well log attached? Yes No						
Producing Formation(s): List A	All (If needed attach another	sheet)	by:_		(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to	m: T.D	Plugging Completed:				
Depth to	Top: Botto	m:T.D		9 9 - 1		
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records			Casing Record	(Surface, Conductor & Produ	uction)	
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us					ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State	:	Zip:+	
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of County,			, ss.			
(Print Nama)				Employee of Operator or	Operator on above-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