

**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

## 1294339

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          |                         |                                   |  |
| Address 2:  |                              |                             |   |   |                         |                                   |  |
| City: State: Zip: +   |                              |                             |   | Feet from East / West Line of Section                                 |                         |                                   |  |
| Contact Person:   |                              |                             |   | Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW |                         |                                   |  |
| Phone: ( )  |                              |                             |   |   |                         |                                   |  |
| Type of Well: (Check one)   | Oil Well Gas Well            | OG D&A Cathod               | ic C  | ounty.  |                         |                                   |  |
| 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 <b>District</b> Agent's Name)                                 |                         |                                   |  |
| Depth to Top: Bottom: T.D   |                              |                             |   | Plugging Commenced:   |                         |                                   |  |
| Depth to Top: Bottom: T.D   |                              |                             |   | Plugging Completed:   |                         |                                   |  |
| Depth to Top: Bottom: T.D   |                              |                             |   | —   |                         |                                   |  |
|   |                              |                             |   |   |                         |                                   |  |
| Show depth and thickness of                                       | all water, oil and gas forma | ations.                     |   |   |                         |                                   |  |
| Oil, Gas or Water Records   |                              |                             | Casing Record (Surface, Conductor & Production) |   |                         |                                   |  |
| Formation   | Content                      | Casing                      | Size  |   | Setting Depth           | Pulled Out                        |  |
|   |                              |                             |   |   |                         |                                   |  |
|   |                              |                             |   |   |                         |                                   |  |
|   |                              |                             |   |   |                         |                                   |  |
|   |                              |                             |   |   |                         |                                   |  |
|   |                              |                             |   |   |                         |                                   |  |
|   |                              |                             |   |   |                         |                                   |  |
| cement or other plugs were u                                      | sed, state the character of  | same depth placed from (bot | ttom), to (top)                                 | ) for ea  | ach plug set.           |                                   |  |
| Plugging Contractor License #:                                    |                              |                             | Name:   |   |                         |                                   |  |
| Address 1:  |                              |                             | Address 2:                                      |   |                         |                                   |  |
| City:   |                              |                             | S   | tate: _   |                         | Zip:+                             |  |
| Phone: ( )  |                              |                             |   |   |                         |                                   |  |
| Name of Party Responsible for                                     | or Plugging Fees:            |                             |   |   |                         |                                   |  |
| State of  |                              | ,                           | SS.   |   |                         |                                   |  |
| (Print Name)  |                              |                             |   | E   | 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