

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

1306299

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:					Sec T	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 Cathology Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)			
Producing Formation(s): List All (If needed attach another sheet)							
Depth to	Top: Botto	m: T.D					
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 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						nds used in introducing it into the hole. If	
Plugging Contractor License #:			Name: _	ne:			
Address 1:			Address	ddress 2:			
City:				_ State: +			
Phone: ()							
Name of Party Responsible fo	r Plugging Fees:						
State of	County,			SS.			
					-l		
(Print Name)				_ [] Em	ployee 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