

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

1307455

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 #:				Spot Description: Spot Description: Sec. Twp. S. R. East West Feet from North / South Line of Section Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County:											
Name:															
								Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic							
								Water Supply Well Other: SWD Permit #: Gas Storage Permit #:							
												Is ACO-1 filed? Yes No If not, is well log attached? Yes			
								Producing Formation(s): List A	II (If needed attach another	sheet)	by:			(KCC District Agent's Name)	
								Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D								Plugging Completed:							
Depth to	Top: Botto	m:T.D						33 3 -							
Show depth and thickness of a		ations.													
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)												
Formation	Content	Casing	Size	S	etting Depth	Pulled Out									
Describe in detail the manner cement or other plugs were us	. 00		•			Is used in introducing it into the hole. If									
Plugging Contractor License #:			Name:	ame:											
Address 1:			Address 2:	ddress 2:											
City:			Sta	ite:		Zip:+									
Phone: ()															
Name of Party Responsible for	r Plugging Fees:														
State of County,			, s	S.											
				Employ	ee 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.