

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

1312108

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 Twp S. R East Wes |
| Address 2: | |
| City: | Feet from East / West Line of Section |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| 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. |
| ENHR Permit #: Gas Storage Permit #: | Lease Name: Well #: |
| | Date Well Completed: |
| Producing Formation(s): List All (If needed attach another sheet) | by:(KCC District Agent's Name |
| Depth to Top: Bottom: T.D | |
| Depth to Top: Bottom: T.D | Plugging Commenced: |
| Depth to Top: Bottom: T.D | Plugging Completed: |
| Dottom: 1.B | _ |
| Show depth and thickness of all water, oil and gas formations. | <u> </u> |
| | Continue Page and (Conference Operation to the Page distribution) |
| | Casing Record (Surface, Conductor & Production) |
| Formation Content Casing | Size Setting Depth Pulled Out |
| | |
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| | |
| | |
| Describe in detail the manner in which the well is plugged, indicating where the mud floement or other plugs were used, state the character of same depth placed from (botto | · |
| Plugging Contractor License #: N | Name: |
| Address 1: A | Address 2: |
| City: | State: |
| Phone: () | |
| Name of Party Responsible for Plugging Fees: | |
| State of County, | , \$S. |
| • | |
| (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.