

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

1313842

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 Cathod	ic Count	V:		
Water Supply Well	SWD Permit #:	l '	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	r sheet)	by:		(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to	om: T.D	Pluggi	I Plugging Completed:			
Depth to	o Top: Botto	om:T.D				
Show depth and thickness of		ations.				
Oil, Gas or Water Records				sing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
	. 00	same depth placed from (bot	•		ds used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	e:		
Address 1:			Address 2:			
City:			State:		Zip:+	
Phone: ()						
Name of Party Responsible for	or Plugging Fees:					
State of	County, _		, SS.			
(Print Name)				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