

**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

## 1315101

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		
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 #:				Lease Name: Well #:		
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:		
Is ACO-1 filed? Yes No If not, is well log attached? Yes				·		
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name)		
Depth to Top: Bottom: T.D						
Depth to	m: T.D		Plugging Commenced:			
Depth to	m:T.D	I Pluaai	Plugging Completed:			
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records Casing			Casing Record (S	Record (Surface, Conductor & Production)		
Formation Content		Casing Size		Setting Depth	Pulled Out	
cement or other plugs were us					ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ne:		
Address 1:			Address 2:			
City:			State:			
Phone: ( )						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _		, SS.			
				Employee of Operator of	r Operator on above-described well,	
	(Print Name)			Employee of Operator of	— 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