

**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

## 1315102

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:			_	<u>-</u>	Sec Tw	/р S. R	East West	
Address 2:			_		_ Feet from	North / S	outh Line of Section	
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 Cathodi	c Co	untv.				
Water Supply Well Other: SWD Permit #:				County: 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:				
Producing Formation(s): List A	All (If needed attach another	sheet)	I				istrict Agent's Name)	
Depth to	o Top: Botto	m: T.D						
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:				
Depth to	o Top: Botto	m: T.D		igging Complete	:u		_	
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Water Records Casin				Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting	g Depth	Pulled Out		
		-		bed and the met	nod of friethoo	ls used in introduci	ng it into the hole. If	
cement or other plugs were u	sed, state the character of	same depth placed from (bot	•			is used in introduci	ig it into the noie. Ii	
cement or other plugs were use	#:		tom), to (top) f	for each plug se	t.			
	#:		tom), to (top) f	for each plug se	t.			
Plugging Contractor License ∌	#:		tom), to (top) f	for each plug se	t.			
Plugging Contractor License # Address 1: City:)	#:		Name: Address 2:	for each plug se	t.			
Plugging Contractor License # Address 1:	#:		Name: Address 2:	for each plug se	t.			
Plugging Contractor License # Address 1: City:)	#:pr Plugging Fees:		Name: Address 2:	for each plug se	t.			

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.

(Print Name)