

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

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 West		
Address 2:				Feet from North / South Line of Section		
City:				Feet from East / West Line of Section		
Contact Person:			Footages	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				County:		
Water Supply Well	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 No				The plugging proposal was approved on:(Date)		
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	Plugging Completed:		
Show depth and thickness of		mations.	Occion Decembro			
Oil, Gas or Water Records			, , , , , , , , , , , , , , , , , , , 	asing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were u	used, state the character	of same depth placed from (bot	itom), to (top) for eac	ch plug set.		
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State:			
Phone: ()						
Name of Party Responsible f	or Plugging Fees:					
State of County,			, SS.			
			E	mployee of Operator o	r 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.