

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

1316715

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 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 Cathoo	dic County	/:			
Water Supply Well	1 '	Lease Name: Well #:					
ENHR 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				Plugging Commenced:			
Depth to	1 00	Plugging Completed:					
Depth to	o Top: Bo	ottom: T.D		3 - 1			
Show depth and thickness of	all water, oil and gas fo	rmations.					
Oil, Gas or Water Records			,	ng Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
	•	ugged, indicating where the mu	•		ious useu in introducii	ng it into the noie. In	
Plugging Contractor License #:			Name:	ne:			
Address 1:			Address 2:				
City:			State: _		Zip:	+	
Phone: ()							
Name of Party Responsible for	or Plugging Fees:						
State of County.		у,	, SS.				
				Employee of Operator of	or Operator on al	pove-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.