

**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

1318767

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 De               | 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:   |                              |                             | Footage               | 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 Other: SWD Permit #:                            |                              |                             |                       | Lease Name: Well #:                                      |                                   |  |
| ENHR Permit #: Gas Storage Permit #:                              |                              |                             |                       | Date Well Completed:                                     |                                   |  |
| s ACO-1 filed? Yes No If not, is well log attached? Yes No        |                              |                             |                       | The plugging proposal was approved on:                   |                                   |  |
| Producing Formation(s): List All (If needed attach another sheet) |                              |                             |                       | by: (KCC <b>District</b> Agent's Name)                   |                                   |  |
| Depth to Top: Bottom: T.D   |                              |                             |                       |  |                                   |  |
| Depth to Top: Bottom: T.D   |                              |                             |                       | Plugging Commenced:                                      |                                   |  |
| Depth to  | om:T.D                       |                             | Plugging Completed:   |  |                                   |  |
|   |                              |                             |                       |  |                                   |  |
| Show depth and thickness of                                       | all water, oil and gas forma | ations.                     |                       |  |                                   |  |
| Oil, Gas or Water Records Cas                                     |                              |                             | Casing Record (Su     | ng Record (Surface, Conductor & Production)              |                                   |  |
| Formation   | Content                      | Casing                      | Size                  | Setting Depth  | Pulled Out                        |  |
|   |                              |                             |                       |  |                                   |  |
|   |                              |                             |                       |  |                                   |  |
|   |                              |                             |                       |  |                                   |  |
|   |                              |                             |                       |  |                                   |  |
|   |                              |                             |                       |  |                                   |  |
|   |                              |                             |                       |  |                                   |  |
| ement or other plugs were u                                       | sed, state the character of  | same depth placed from (bot | tom), to (top) for ea | ch plug set.   |                                   |  |
| Plugging Contractor License #:                                    |                              |                             |                       |  |                                   |  |
| Address 1:  |                              |                             | Address 2:            |  |                                   |  |
| City:   |                              |                             | State:                |  |                                   |  |
|   |                              |                             |                       |  |                                   |  |
| Name of Party Responsible for                                     | or Plugging Fees:            |                             |                       |  |                                   |  |
| State of  | County, _                    |                             | , SS.                 |  |                                   |  |
|   |                              |                             | F                     | mployee of Operator or                                   | Operator on above-described well, |  |
|   | (Duint Manne)                |                             |                       | , .,   |                                   |  |

**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