

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

1318997

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 Calculated from Nearest Outside Section Corner:				
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Catho	dic	County:				
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:				
ENHR Permit #: Gas Storage Permit #:					Completed:			
s 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 anothe	r sheet)						
Depth to	o Top: Botto	om: T.D						
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth t	o Top: Botto	om:T.D		Flugging	Completed			
Show depth and thickness of	all water, oil and gas form	ations.						
Oil, Gas or Water Records Casin			Casing	Record (Surfa	ace, Conductor & Prod	uction)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out	Pulled Out	
cement or other plugs were u	sed, state the character of	same depth placed from (bo	ottom), to	(top) for eacr	n plug set.			
Plugging Contractor License #: Na								
Address 1: Addre								
City:				_ State:		Zip:	+	
Phone: ()				_				
Name of Party Responsible for	or Plugging Fees:							
State of	County,			, ss.				
					plovee of Operator or	Operator on a	hove-described wall	

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)