

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

1319438

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 Cathodic				County:		
Water Supply Well	SWD Permit #:					
ENHR Permit #:	Storage Permit #:			· · · · · · · · · · · · · · · · · · ·		
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	ottom: T.D		Plugging Completed:			
Depth	to Top: B	ottom: T.D				
Show depth and thickness of	of all water, oil and gas for	ormations.				
Oil, Gas or Water Records			Casing Record (Sur	asing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
		ugged, indicating where the muc er of same depth placed from (bot			ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State:		Zip:+	
Phone: ()						
Name of Party Responsible	for Plugging Fees:					
State of County,			, ss.			
			Er	mployee of Operator o	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.