

**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

## 1319581

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

Spot Description:   Spot	OPERATOR: License #:				API No. 15 Spot Description:				
State   Zip   Feet from   North /   South Line of Section   Street Feet from   Street Feet from   Street Feet from   Street Feet Feet Feet Feet Feet Feet Feet									
City:	Address 1:			_		Sec Tv	vp S. R.	East We	
Contact Person:    Fhone (	Address 2:			_		Feet from	North /	South Line of Section	
Phone (	City: State: Zip: +           Contact Person:								
Type of Wellt; (Check one)									
Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top:	Phone: ( )					NE NW	SE SV	V	
Water Supply Well   Other:	Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Co	ııntv.				
ENIR Permit #:	Water Supply Well         Other:         SWD Permit #:								
As ACC-1 filed?	ENHR Permit #:	Gas Sto	orage Permit #:						
Depth to Top:	Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes		1				
Depth to Top:	Producing Formation(s): List /	All (If needed attach anothe	r sheet)	by:			(K(	CC <b>District</b> Agent's Nam	
Depth to Top: Bottom: T.D. Plugging Completed:  Depth to Top: Bottom: T.D. Plugging Completed:  Depth to Top: Bottom: T.D. Plugging Completed:  Show depth and thickness of all water, oil and gas formations.  Oil, Gas or Water Records Casing Size Setting Depth Pulled Out  Content Casing Size Setting Depth Pulled Out  Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If zeroent or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #: Name:  Address 1: Address 2: Zip: +	Depth to	o Top: Botto	om: T.D						
Show depth and thickness of all water, oil and gas formations.  Oif, Gas or Water Records  Casing Record (Surface, Conductor & Production)  Formation  Content  Casing  Size  Setting Depth  Pulled Out  Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:	Depth to	o Top: Botto	om: T.D						
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Oil, Gas or Water Records  Casing Record (Surface, Conductor & Production)  Formation  Content  Casing  Size  Setting Depth  Pulled Out  Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If zement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  Zip:  +  Phone: ()  Name of Party Responsible for Plugging Fees:  State of County,, ss.									
Formation   Content   Casing   Size   Setting Depth   Pulled Out	Show depth and thickness of	all water, oil and gas form	ations.						
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Plugging Contractor License #: Name:	Formation	Content	Casing	Size		Setting Depth	Pulled Out		
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Address 1: Address 2:	cement or other plugs were u	sed, state the character of	same depth placed from (bot	trom), to (top) i	or eacn	plug set.			
City:	Plugging Contractor License #: Nan				:				
Phone: ( )	Address 1:			Address 2:					
Name of Party Responsible for Plugging Fees:	City:			Sta	.te:		Zip:	+	
State of, ss.	Phone: ( )								
	Name of Party Responsible for	or Plugging Fees:							
	State of	County, _		, ss	S.				
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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