

**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

1320873

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 T	wp S. R East West	
Address 2:				Feet from North / South Line of Section  Feet from East / West Line of Section  Footages Calculated from Nearest Outside Section Corner:		
City:						
Contact Person:						
Phone: ( )				NE NW	SE SW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic Count	V:		
Water Supply Well	SWD Permit #:	l '	Lease Name: Well #:			
ENHR Permit #: Gas Storage 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	r sheet)	by:		(KCC <b>District</b> Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to	om: T.D	Pluggi	I Plugging Completed:			
Depth to	o Top: Botto	om:T.D				
Show depth and thickness of		ations.				
Oil, Gas or Water Records				sing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
	. 00	same depth placed from (bot	•		ds used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	e:		
Address 1:			Address 2:			
City:			State:		Zip:+	
Phone: ( )						
Name of Party Responsible for	or Plugging Fees:					
State of	County, _		, SS.			
(Print Name)				Employee of Operator or	Operator on above-described well,	

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