

**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

1321125

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 N	o. 15		
Name:				Spot Description:		
Address 1:				Sec Twp S. R East West		
Address 2:				Feet from	North / South Line of Section	
City:	State:			Feet from	n East / West Line of Section	
Contact Person:			Footag	Footages Calculated from Nearest Outside Section Corner:		
Phone: ( )				NE NW SE SW		
Type of Well: (Check one)		OG D&A Cathoo	dic Count	y:		
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:		
ENHR Permit #: Gas Storage Permit #:			Date V	Vell 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 sheet)				by: (KCC <b>District</b> Agent's Name)		
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to	ttom: T.D		Plugging Completed:			
Depth to	o Top: Bo	ttom: T.D				
01 1 11 1111 1						
Show depth and thickness of		mations.				
Oil, Gas or Water Records				ing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
	•	of same depth placed from (bo	•		nods used in introducing it into the hole. If	
Plugging Contractor License #: N			_ Name:			
Address 1:			_ Address 2:			
City:			State:			
Phone: ( )						
Name of Party Responsible for	or Plugging Fees:					
State of	County	<b>,</b>	, SS.			
(Print Name)				Employee of Operator of	or 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.