

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

1322760

Employee of Operator or Operator on above-described well,

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.K	. 82-3-117				
OPERATOR: License #:				API No. 15 -			
Name:				Spot Description:			
Address 1:				Sec Twp S. R East West Feet from North / South Line of Section Feet from East / West Line of Section			
Address 2:							
City:							
Contact Person:				Footages	Calculated from Nea	rest Outside Section Corner:	
Phone: ()					□ NE □ NW	SE SW	
Type of Well: (Check one)	l Well Gas Well	OG D&A Cath	odic	County:			
Water Supply Well Ot	ther:	SWD Permit #:		,		Well #:	
ENHR Permit #:	Gas Sto	rage Permit #:		Date Well Completed:			
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	☐ No		•	proved on: (Date)	
Producing Formation(s): List Al	- I (If needed attach another	sheet)				(KCC District Agent's Name	
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Commenced: Plugging Completed:			
Depth to	Top: Botto	m:T.D		Plugging C	Completed:		
Show depth and thickness of al	ll water, oil and gas forma	itions.					
Oil, Gas or Water Records			Casing I		Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner i cement or other plugs were use		-		•		ods used in introducing it into the hole. I	
Plugging Contractor License #:			Name: _				
Address 1:			Address	2:			
City:				_ State:		Zip:+	
Phone: ()				_			
Name of Party Responsible for	Plugging Fees:						
State of County				ee			

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)