

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

1323365

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

Address 1:	Name:				Spot Description:		
Address I.				Sec T	wp S. R	East West	
Address 2:				Feet from	North / South	Line of Section	
City: State: Zip: +				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 Other: SWD Permit #:				Lease Name: Well #:			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
s 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 anothe	r sheet)			(KCC Distr		
Depth	to Top: Botto	om: T.D					
Depth to Top: Bottom: T.D			""	Plugging Commenced: Plugging Completed:			
Depth	to Top: Botto	om:T.D		g Completed			
Show depth and thickness of	f all water, oil and gas form	ations.					
Oil, Gas or Water Records			Casing Record (Sเ	sing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		ged, indicating where the mud	•		ods used in introducing i	into the hole. If	
		ged, indicating where the mud f same depth placed from (bott	•		ods used in introducing i	into the hole. If	
cement or other plugs were u	used, state the character o	f same depth placed from (bott	om), to (top) for ea	ich plug set.			
cement or other plugs were u	used, state the character o	f same depth placed from (bott	om), to (top) for ea	ich plug set.			
Plugging Contractor License	used, state the character o	f same depth placed from (bott	om), to (top) for ea	ich plug set.			
Plugging Contractor License Address 1:	#:	f same depth placed from (bott	Name:Address 2:	ich plug set.			
Plugging Contractor License Address 1: City:)	#:	f same depth placed from (bott	Name: Address 2:	ich plug set.	Zip:		
Plugging Contractor License Address 1: City: Phone: ()	#:for Plugging Fees:	f same depth placed from (bott	Name: Address 2: State:	ich plug set.	Zip:		

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)