

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

1325219

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	Twp S. R	EastWest	
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)			dic	County: _				
Water Supply Well Other: SWD Permit #:				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						proved on:		
Producing Formation(s): List A		sheet)		by:		(KCC D	istrict Agent's Name)	
Depth to Top: Bottom: T.D					Plugging Commenced:			
Depth to Top: Bottom: T.D				Plugging Completed:				
Depth to	Top: Botto	m: T.D						
Show depth and thickness of a		ations.		5 //2 /				
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Pr			,		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us	. 00			•		ods used in introducir	ig it into the hole. If	
Plugging Contractor License #:				Name:				
Address 1:				Idress 2:				
City:				_ State:		Zip:	+	
Phone: ()				_				
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _			, ss.				
				Fm	plovee of Operator of	r Operator on ab	ove-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.

(Print Name)