

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

1325432

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.R. 82-3-117

OPERATOR: License #:				API No. 15	j -		
OPERATOR: License #:				Spot Description:			
Address 1:						Twp S. R East West	
Address 2:					Feet from		
City:	State:	Zip: +			Feet from		
Contact Person:							
Phone: ()				· ·	NE NW	SE SW	
Type of Well: (Check one) Oil Well Gas Well OG D&A Catl Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Bottom: T.D.			No	County: Well #: Well #: The plugging proposal was approved on: (KCC District Agent's Name) Plugging Commenced:			
Depth to	m:T.D	Plugging Completed:					
Show depth and thickness of al		ations.	Casing F	Record (Surfa	ace, Conductor & Prod	luction)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner i cement or other plugs were use	. 00			•		ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name: _				
Address 1:			Address	ddress 2:			
City:				State:			
Phone: ()				_			
Name of Party Responsible for							
State of County				88			

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)