

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

1326373

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 East West Feet from North / South Line of Section				
								City:
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 Catho	odic	County:				
Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:				County: Well #: Date Well Completed:				
								s ACO-1 filed? Yes
Producing Formation(s): List /	All (If needed attach anothe	r sheet)						
Depth to	o Top: Botto	om: T.D						
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth to	o Top: Botto	om:T.D		Plugging C	Completed:			
Show depth and thickness of	all water, oil and gas form	ations.						
Oil, Gas or Water Records Casin			Casing	g Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out	Pulled Out	
cement or other plugs were u	sed, state the character of	f same depth placed from (b	oottom), to	(top) for each	n plug set.			
Plugging Contractor License #: Nar								
Address 1:			_ Address	: 2:				
Dity:				State:		Zip:	+	
Phone: ()				_				
Name of Party Responsible for	or Plugging Fees:							
State of								
State of	County,			, ss.				

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)