

**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

1333859

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 De	Spot Description:		
Address 1:				Sec Twp S. R East West		
Address 2:				Feet from North / South Line of Section		
City:				Feet from East / West Line of Section		
Contact Person:			Footage	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:		
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC <b>District</b> Agent's Name)		
Depth to Top: Bottom: T.D						
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to	om:T.D		Plugging Completed:			
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water Records Cas			Casing Record (Su	ng Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
ement or other plugs were u	sed, state the character of	same depth placed from (bot	tom), to (top) for ea	ch plug set.		
Plugging Contractor License #:						
Address 1:			Address 2:			
City:			State:			
Name of Party Responsible for	or Plugging Fees:					
State of	County, _		, SS.			
			F	mployee of Operator or	Operator on above-described well,	
	(Duint Manne)			, .,		

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.