

**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

1335830

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		
Address 2:				Feet from North / South Line of Section		
City:				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						
Water Supply Well	SWD Permit #:					
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:		
Is 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	om: T.D		Plugging Commenced:  Plugging Completed:			
Depth	om:T.D					
Show depth and thickness of	f all water, oil and gas form	ations.				
Oil, Gas or Water Records Cas			Casing Record (Su	ng Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
					+	
cement or other plugs were	used, state the character o	f same depth placed from (bot	tom), to (top) for ea	cn plug set.		
Plugging Contractor License #:			Name:			
Address 1:			Address 2:			
City:			State:		Zip:+	
Phone: ( )						
Name of Party Responsible	for Plugging Fees:					
State of County,			, SS.			
			П в	mployee of Operator or	Operator on above-described well,	
·	(Print Name)	<u> </u>		. ,		

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.