

_____ API No. 15 - ____

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

OPERATOR: License #: ___

Kansas Corporation Commission Oil & Gas Conservation Division

1348712

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

Name:				Spot Description:				
Address 1:					Sec T	wp S. R	East West	
Address 2: State: Zip: +				Feet from North / South Line of Section Feet from East / West Line of Section				
								Contact Person:
Phone: ()					NE NW SE SW County:			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic								
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					The plugging proposal was approved on:			
Producing Formation(s): Lis	st All (If needed attach ar	nother sheet)					District Agent's Name)	
Depth to Top: Bottom: T.D					Plugging Commenced:			
Depth to Top: Bottom: T.D								
Depti	n to Top:	Bottom:T.D		Plugging Completed:				
Show depth and thickness	of all water, oil and gas	formations.						
Oil, Gas or Water Records Casing					Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
cement or other plugs were	used, state the charac	ter of same depth placed from (b	ottom), to	(top) for each	h plug set.			
Plugging Contractor License #:				ie:				
Address 1:				ss 2:				
City:				_ State:		Zip:	+	
Phone: ()				_				
Name of Party Responsible	for Plugging Fees:							
State of	Cou	inty,		, SS.		_		
	2			Em	ployee of Operator or	Operator on	above-described well,	
being first duly sworn on oa	(Print Nai hth, says: That I have kn	ne) owledge of the facts statements,	and matte	ers herein co	ntained, and the log of	the above-describ	ed well is as filed, and	

Submitted Electronically