

**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

1349271

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 #:			ΙA	PI No. 15				
Name:				Spot Description:				
Address 1:			_		Sec Tv	vp S. R	East West	
Address 2:				Feet from North / South Line of Section				
				Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner:				
								Phone: ( )
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	ounty.				
Water Supply Well         Other:         SWD Permit #:           ENHR Permit #:         Gas Storage Permit #:           Is ACO-1 filed?         Yes         No           If not, is well log attached?         Yes         No				Lease Name: Well #:				
				Date Well Completed: (Date)  The plugging proposal was approved on: (Date)				
								Producing Formation(s): List
Depth to Top: Bottom: T.D  Depth to Top: Bottom: T.D				Plugging Commenced:				
								Depth t
Show depth and thickness of	all water, oil and gas form	ations.						
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Settin	ng Depth	Pulled Out		
cement or other plugs were u	ised, state the character of	ged, indicating where the muc i same depth placed from (bot	ttom), to (top)	) for each plug se	et.			
Plugging Contractor License #:								
City:			St	tate:		Zip:	+	
<sup>5</sup> hone: ( )								
Name of Party Responsible for	or Plugging Fees:							
State of	County,		,	SS.				
				Employee of	of Operator or	Operator on a	bove-described well,	

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)