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

KANSAS CORPORATION COMMISSION     1350022
OIL & GAS CONSERVATION DIVISION

**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 #: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _ _ _ _

Contact Person: _____

Phone: ( _____ ) _____

Type of Well: *(Check one)* ☐ Oil Well  ☐ Gas Well  ☐ OG  ☐ D&A  ☐ Cathodic

☐ 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

Producing Formation(s): List All *(If needed attach another sheet)*

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____

Spot Description: _____

__ - __ - __ -  Sec. ____ Twp. ____ S.  R. ____ ☐ East ☐ West

_____ Feet from ☐ North / ☐ South  Line of Section

_____ Feet from ☐ East / ☐ West  Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE  ☐ NW  ☐ SE  ☐ SW

County: _____

Lease Name: _____ Well #: _____

Date Well Completed: _____

The plugging proposal was approved on: _____ *(Date)*

by: _____ *(KCC **District** Agent's Name)*

Plugging Commenced: _____

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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole.  If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each 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.

_____
*(Print Name)*

☐ Employee of Operator or  ☐ Operator on above-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.

## Submitted Electronically