

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

1350226

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

| Spot Description: Spot | OPERATOR: License #: | | | | | API No. 15 | | | | |
|---|---|------------------------------|-----------------------------|----------------|---|--|------------|--------------------------|----------|--|
| State Zip Feet from North / South Line of Section Street Feet from Street From Stree | Name: | | | | Spot Description: | | | | | |
| City: | | | | | | | | | | |
| Contact Person: | Address 2: | | | | | Feet from North / South Line of Section | | | | |
| Phone (| City: | | | | Feet from East / West Line of Section | | | | | |
| Type of Wellt; (Check one) | Contact Person: | | | | | Footages Calculated from Nearest Outside Section Corner: | | | | |
| Water Supply Well Other: Gas Storage Permit #: Lease Name: Well #: Lease Name: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) by: (MCC District Agent's Name) Producing Formation (s): List All (if needed attach another sheet) Depth to Top: Bottom: T.D. Depth to Top: Depth to Top: Depth to Top: Depth to Top: Bottom: T.D. Depth to Top: | Phone: () | | | | | NE NW | SE S | SW . | | |
| Water Supply Well Other: | Type of Well: (Check one) | Oil Well Gas Well | OG D&A Cathod | ic Co | untv. | | | | | |
| ENIR Permit #: | Water Supply Well Other: SWD Permit #: | | | | | | | | | |
| As ACC-1 filed? | ENHR Permit #: Gas Storage Permit #: | | | | | | | | | |
| Depth to Top: | Is ACO-1 filed? Yes No If not, is well log attached? Yes No | | | | | • | | | | |
| Depth to Top: | Producing Formation(s): List / | All (If needed attach anothe | r sheet) | by: | : | | (F | CC District Agent | 's Name) | |
| Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Depth to Top: Bottom: T.D. Plugging Completed: Show depth and thickness of all water, oil and gas formations. Oil, Gas or Water Records Casing Size Setting Depth Pulled Out 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 zeroent 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: Zip: + | Depth to | o Top: Botto | om: T.D | | | | | | | |
| Show depth and thickness of all water, oil and gas formations. Oif, 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 sement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set. Plugging Contractor License #: Address 1: Address 2: City: State: Zip: + Name: Name of Party Responsible for Plugging Fees: State of County, , ss. | Depth to Top: Bottom: T.D | | | | | | | | | |
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| Formation Content Casing Size Setting Depth Pulled Out | Show depth and thickness of | all water, oil and gas form | ations. | | | | | | | |
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| Plugging Contractor License #: Name: | Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | | |
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| Plugging Contractor License #: Name: | | | | | | | | | | |
| Address 1: Address 2: | cement or other plugs were u | sed, state the character of | same depth placed from (bot | tom), to (top) | or each | plug set. | | | | |
| City: | Plugging Contractor License #: N | | | | e: | | | | | |
| Phone: () | Address 1: | | | Address 2: | | | | | | |
| Name of Party Responsible for Plugging Fees: | City: | | | Sta | ıte: | | Zip: | + | | |
| State of, ss. | Phone: () | | | | | | | | | |
| | Name of Party Responsible for | or Plugging Fees: | | | | | | | | |
| | State of | County, _ | | , , s | S. | | | | | |
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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.