

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

1350820

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: | | | | SecTwp S. R EastWest Feet from North / South Line of Section | | |
| Address 2: | | | | | | |
| 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 Cathod | ic County | <i>.</i> | | |
| Water Supply Well | Other: | SWD Permit #: | 1 . | | | |
| ENHR Permit #: Gas Storage Permit #: | | | | Date Well Completed: | | |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes N | | | | The plugging proposal was approved on: (Date) | | |
| Producing Formation(s): List | All (If needed attach another | r sheet) | | | (KCC District Agent's Name) | |
| Depth to | o Top: Botto | om: T.D | | | | |
| Depth to | o Top: Botto | om: T.D | Plugging Commenced: | | | |
| Depth to | o Top: Botto | om:T.D | Fluggii | ig Completed | | |
| | | | | | | |
| Show depth and thickness of | all water, oil and gas forma | ations. | | | | |
| Oil, Gas or Water Records | | | Casing Record (Surface, Conductor & Production) | | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| ement of other plugs were u | seu, state the Character Of | same depth placed from (bot | копт, ко (кор) тот е | acii piug set. | | |
| Plugging Contractor License #: | | | | | | |
| Address 1: | | | Address 2: | | | |
| City: | | | | | Zip:+ | |
| Phone: () | | | | | | |
| Name of Party Responsible for | or Plugging Fees: | | | | | |
| State of County, | | | , SS. | | | |
| | (Drint Mana) | | | Employee of Operator or | Operator on above-described well, | |
| | (Delect Messes) | | | r, - 5 5. Spoidtoi 01 | | |

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.