

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.

Kansas Corporation Commission Oil & Gas Conservation Division

1351292

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						
								Feet from North / South Line of Section		
								City: State: Zip: +		
				Contact Person:				Footages Calculated from Nearest Outside Section Corner:		
Phone: ()				NE NW SE SW						
Type of Well: (Check one)	Oil Well Gas Wel	OG D&A Catho	odic County:							
Water Supply Well	1	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: (Date)						
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)						
Depth to Top: Bottom: T.D				Plugging Commenced:						
Depth to	1 00 0	Plugging Completed:								
Depth to	o Top:	Bottom:T.D		,						
Show depth and thickness of	all water, oil and gas	formations.								
Oil, Gas or Water			Casing Record (Su	rface, Conductor & Prod	uction)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out					
cement or other plugs were us	sed, state the charact	er of same depth placed from (b	ottom), to (top) for ea	ch plug set.						
Plugging Contractor License #		_ Name:								
Address 1:			_ Address 2:							
City:			State:		Zip:	_+				
Phone: ()										
Name of Party Responsible fo	or Plugging Fees:									
State of	Cou	nty,	, SS.							
	(Print Nan		E	mployee of Operator or	Operator on above	-described well,				

Submitted Electronically

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