

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

1353234

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		
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 Cathodic						
Water Supply Well Other: SWD Permit #:			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						
Producing Formation(s): List All (If needed attach another sheet)				by:(KCC District Agent's Name)		
Depth to Top: Bottom: T.D						
Depth to	Top: Botto	m: T.D		Plugging Commenced:		
Depth to	m:T.D	I Pluaan	Plugging Completed:			
Show depth and thickness of a	all water, oil and gas forma	ations.				
Oil, Gas or Water Records Casing			Casing Record (S	Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
cement or other plugs were us					ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	ne:		
Address 1:			Address 2:			
City:			State: _		Zip:+	
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of	County, _		, SS.			
				Employee of Operator of	r Operator on above-described well,	
	(Print Name)			Employee of Operator of	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