

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

1354059

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:							
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 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.				County: Well #: Well #: The plugging proposal was approved on: (KCC District Agent's Name) Plugging Commenced: Plugging Completed:			
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing R	sing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		_				ds used in introducing it	into the hole. If
Plugging Contractor License #:				ame:			
Address 1:				ddress 2:			
City:				State:		Zip:	_+
Phone: ()							
Name of Party Responsible for	r Plugging Fees:						
State of County,					ployee 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.

(Print Name)