

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

1356009

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:	Sec Twp S. R East Wes
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 #:	County.
ENHR Permit #: Gas Storage Permit #:	Lease Name: Well #:
	Date Well Completed:
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: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Dottom: 1.B	_
Show depth and thickness of all water, oil and gas formations.	<u> </u>
	Continue Page and (Conference Operation to the Page distribution)
	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 floement or other plugs were used, state the character of same depth placed from (botto	·
Plugging Contractor License #: N	Name:
Address 1: A	Address 2:
City:	State:
Phone: ()	
Name of Party Responsible for Plugging Fees:	
State of County,	, \$S.
•	
(Print Name)	Employee 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.