

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

1356084

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'	
Address 2: State: Zip: +				Feet from North / South Line of Section Feet from East / West Line of Section		
Phone: ()				NE NW	SE SW	
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	lic Cou	ınty:		
Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #:				Lease Name: Well #: Date Well Completed:		
Producing Formation(s): List A	All (If needed attach anothe	r sheet)	by:_		(KCC District Agent's N	
Depth to	Top: Botto	om: T.D	Pluc	gaina Commenced:		
Depth to Top: Bottom: T.D				Plugging Completed:		
Depth to	Top: Botto	om: T.D		75 5 1 1 1 1 1 1		
Show depth and thickness of a		ations.				
Oil, Gas or Water		Casing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us	. 00		•		ods used in introducing it into the ho	
Plugging Contractor License #:						
Address 1:			Address 2:			
City:			State	e:		
Phone: ()						
Name of Party Responsible fo	or Plugging Fees:					
State of	County, .		, ss	j.		
				Employee of Operator o	r Operator on above-described	

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)