

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

1359554

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 De	Spot Description:		
Address 1:				Sec Twp S. R East West Feet from North / South Line of Section		
Address 2:						
City:				Feet from East / West Line of Section		
Contact Person:			Footage	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				County:		
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:		
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:		
s ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on:		
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	om:T.D		Plugging Completed:			
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water Records Cas			Casing Record (Su	ng Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
ement or other plugs were u	sed, state the character of	same depth placed from (bot	tom), to (top) for ea	ch plug set.		
Plugging Contractor License #:						
Address 1:			Address 2:			
City:			State:		Zip:++	
Name of Party Responsible for	or Plugging Fees:					
State of	County, _		, SS.			
			F	mployee of Operator or	Operator on above-described well,	
	(Duint Manne)			, ,,		

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