

\_\_\_\_\_ API No. 15 - \_\_\_\_\_

**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.

OPERATOR: License #: \_\_\_\_

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

## 1359605

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

Address 2:	Name:					Spot Description:			
City:	Address 1:				Sec Twp S. R East West				
Contact Person:	Address 2:				Feet from North / South Line of Section				
Phone (	City:				Feet from East / West Line of Section				
Type of Welf: (Check one)   Oil Welf   Gas Welf   OG   D&A   Cathodic   Water Supply Welf   Other:   SVD Permit #:   Lease Name:   Welf #:   Date Welf Completed:   Lease Name:   Welf #:   Date Welf Completed:   Lease Name:   Welf #:   Date Welf Completed:   The plugging proposal was approved on:   (Date) by:   MCC District Agent's Name)   Depth to Top:   Bottom:   T.D.   Depth to Top:   Depth to Top	Contact Person:				Footages Calculated from Nearest Outside Section Corner:				
Water Supply Well   Other:	Phone: ( )					☐ NE ☐ NW ☐ SE ☐ SW			
Water Supply Well   where:	Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic					County:			
ENR Permit #:	Water Supply Well Other: SWD Permit #:				Lease Name: Well #:				
Producing Formation(s): List All (If needed attach another sheet)  Depth to Top:	ENHR Permit #: Gas Storage Permit #:				Date Well Completed:				
Depth to Top:	Is ACO-1 filed? Yes No If not, is well log attached? Yes No					ging proposal was app	roved on:	(Date)	
Depth to Top:	Producing Formation(s): List	•	•		by:		(KC	C <b>District</b> Agent's Name)	
Show depth and thickness of all water, oil and gas formations.    Oil, Gas or Water Records	Depth to Top: Bottom: T.D				Plugging Commenced:				
Show depth and thickness of all water, oil and gas formations.    Oil, Gas or Water Records	Depth to Top: Bottom: T.D				Plugging Completed:				
Oil, Gas or Water Records  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 fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  Zip:  +  Phone:  ()  Name of Party Responsible for Plugging Fees:  State of  County,  (Print Name)  Employee of Operator or  Operator on above-described well,	Depth to	o Top: Bo	ttom:T.D						
Oil, Gas or Water Records  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 fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.  Plugging Contractor License #:  Address 1:  Address 2:  City:  State:  Zip:  +  Phone:  ()  Name of Party Responsible for Plugging Fees:  State of  County,  , ss.  Employee of Operator or  Operator on above-described well,	0 1 1 1 11 1								
Formation   Content   Casing   Size   Setting Depth   Pulled Out			mations.		D 1/0				
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Plugging Contractor License #:									
Address 1:	cement or other plugs were u	sed, state the character	of same depth placed from (b	oottom), to	(top) for eac	ch plug set.			
City:	Plugging Contractor License #:				lame:				
Phone: ( )	Address 1:				Address 2:				
Name of Party Responsible for Plugging Fees:  State of	City:				_ State:		Zip:	+	
State of	Phone: ( )				_				
(Print Name) Employee of Operator or Operator on above-described well,	Name of Party Responsible for	or Plugging Fees:							
(Print Name)	State of	,			, ss.				
(Print Name)					Employee of Operator or Operator on above-described well				

Submitted Electronically