

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

1361371

Employee of Operator or Operator on above-described well,

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 West		
Address 2:				Feet from	North / South Line of Section	
City:	State:	Zip: +		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				County: Well #: Date Well Completed:		
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				The plugging proposal was approved on: (Date)		
Producing Formation(s): List A	,	,			(KCC District Agent's Nam	
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to	m: T.D	Plugging Completed:				
Depth to	Top: Bottor	m:T.D				
Show depth and thickness of a	all water, oil and gas forma	tions.				
				Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us					ods used in introducing it into the hole.	
Plugging Contractor License #:						
City:						
,						
Phone: ()						
Name of Party Responsible for	r Plugging Fees:					
State of County,			, SS.			

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)