

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

1361407

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	5 -		
Name:				Spot Description:			
Address 1:						wp S. R East West	
Address 2:					Feet from		
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				County: Well #:			
Water Supply Well Other: SWD Permit #:							
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes				The plugging proposal was approved on:(Date)			
Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:			
Depth to Top: Bottom: T.D							
Depth to	Top: Bottor	m:T.D		i luggilig c	ompicted.		
Show depth and thickness of a	Ill water, oil and gas forma	tions.					
Oil, Gas or Water Records		Casing		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. If	
Plugging Contractor License #:							
Address 1:			Addres	Address 2:			
•							
Phone: ()							
Name of Party Responsible for	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)