

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

1362346

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 Wes | | | |
| Address 2: | | | | Feet from North / South Line of Section | | | |
| 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 Cathoo | dic County: | | | | |
| Water Supply Well Other: SWD Permit #: | | | | Lease Name: Well #: | | | |
| ENHR Permit #: Gas Storage Permit #: | | | | Date Well Completed: | | | |
| 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 All (If needed attach another sheet) | | | | by: (KCC District Agent's Name) | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commonand | | | |
| Depth to | "" | Plugging Commenced: Plugging Completed: | | | | | |
| Depth to | o Top: Botto | om:T.D | —— Piugging | g Completed: | | | |
| | | | | | | | |
| Show depth and thickness of | all water, oil and gas form | ations. | | | | | |
| Oil, Gas or Water | r Records | | Casing Record (Su | ırface, Conductor & Produ | uction) | | |
| Formation | Content | Casing | Size | Setting Depth | Pulled Out | | |
| | | | | | | | |
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| | | | | | | | |
| cement or other plugs were us | sed, state the character of | f same depth placed from (bo | ottom), to (top) for ea | ch plug set. | | | |
| Plugging Contractor License #: | | | Name: | | | | |
| Address 1: | | | Address 2: | | | | |
| City: | | | State: | | Zip:+ | | |
| Phone: () | | | | | | | |
| Name of Party Responsible fo | or Plugging Fees: | | | | | | |
| State of | County, | | , ss. | | | | |
| | , | | | mplayed of Onerster | Operator on about de | ooribod | |
| | (Print Name) | | [_] E | mployee of Operator or | Operator on above-de | scribed well. | |

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