

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

1364464

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: | | | | 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 Cathodi | ic | County: | | | | |
| 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 | All (If needed attach anothe | r sheet) | | | | (KCC District Agent's | | |
| Depth to | o Top: Botto | om: T.D | | | | | | |
| Depth to Top: Bottom: T.D | | | | Plugging Commenced: Plugging Completed: | | | | |
| Depth to | o Top: Botto | om:T.D | | Plugging | g Completed | | | |
| | | | | | | | | |
| Show depth and thickness of | all water, oil and gas form | ations. | | | | | | |
| Oil, Gas or Water Records | | | Casing R | Casing Record (Surface, Conductor & Production) | | | | |
| Formation | Content | Casing | Size | | Setting Depth | Pulled Out | | |
| | | | | | | | | |
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| | | | | | | | | |
| cement or other plugs were u | sed, state the character of | same depth placed from (bot | ttom), to (t | op) for ea | ach plug set. | | | |
| Plugging Contractor License #: | | | | | | | | |
| Address 1: | | | Address 2 | <u> </u> | | | | |
| City: | | | | State: _ | | Zip:+ | | |
| | | | | | | | | |
| Name of Party Responsible for | or Plugging Fees: | | | | | | | |
| State of | County, _ | | | , SS. | | | | |
| | - | | | | · | 0 | a. " | |
| | (5.1.1) | | | . 📖 Е | Employee of Operator or | Operator on above-describe | a well, | |

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)