

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

1364665

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 Cathodic						
Water Supply Well	SWD Permit #:					
ENHR Permit #:	orage 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 Commenced:		
Depth	om: T.D		Plugging Commenced:			
Depth	om:T.D					
Show depth and thickness o	of all water, oil and gas form	ations.				
Oil, Gas or Water Records			Casing Record (Su	ing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
rement or other plugs were	used, state the character of	same depth placed from (bot	torn), to (top) for ea	cn plug set.		
Plugging Contractor License #:						
Address 1:			Address 2:			
City:			State:			
Phone: ()						
Name of Party Responsible	for Plugging Fees:					
State of	County,		, SS.			
			F	mplovee of Operator of	Operator on above-described well,	
	(Print Name)				operate. on above accombod 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.