

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

1365428

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 #:			ΙΛ	DI No. 15	_			
OPERATOR: License #:				API No. 15 Spot Description:				
Address 1:								
Address 2:					Feet from		outh Line of Section	
City:								
Contact Person:								
Phone: ()				-	NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodic		'ountur				
Water Supply Well Other: SWD Permit #:				County: Well #:				
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:				
Is ACO-1 filed? Yes No If not, is well log attached? Yes				1				
Producing Formation(s): List A	II (If needed attach another	sheet)						
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth to Top: Bottom: T.D				Plugging Completed:				
Depth to	Top: Botton	m: T.D		00 0	·			
Ob d d d	-11	dia a -						
Show depth and thickness of a		I	O	(0	0 1 1 0 5 1	<i>"</i>		
	Oil, Gas or Water Records				urface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		_	•			ds used in introduci	ng it into the hole. If	
Plugging Contractor License #:								
				State: +				
				ate:		Zip:	+	
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)