

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

1368790

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				
Name:				Spot Description:				
Address 1:						Twp S. R		
Address 2:					Feet from		outh Line of Section	
City:	State:	Zip: +			Feet from	n East / W	est 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 Cathe Water Supply Well Other: SWD Permit #: Gas Storage Permit #:				County: Well #: 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	II (If needed attach another	sheet)		by:		(KCC D	District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth to Top: Bottom: T.D				Plugging Completed:				
Depth to	Top: Bottor	n:T.D		33 3	,			
Show depth and thickness of a	all water, oil and gas forma	tions.						
Oil, Gas or Water Records			Casing I	ing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us	. 00			•		ods used in introduci	ng it into the hole. If	
Plugging Contractor License #:								
City:				_ State:		Zip:	+	
Phone: ()				-				
Name of Party Responsible for								
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)