

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

1369649

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. 1	15		
Name:			Spot Des	Spot Description:		
Address 1:				Sec Tv	vp 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:		
				NE NW	SE SW	
		OG D&A Cathod	County.			
Water Supply Well Other: SWD Permit #:			Lease Na	Lease Name: Well #: Date Well Completed:		
ENHR Permit #: Gas Storage Permit #:			Date We			
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			I '		(KCC District Agent's Name)	
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D			I Plugging Completed:			
Depth	to Top: Bott	om:T.D				
Show depth and thickness o		nations.	'			
Oil, Gas or Water Records			Casing Record (Sui	Casing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
	. 0	ged, indicating where the midd	•		ds used in introducing it into the hole. If	
Plugging Contractor License #:						
Address 1:			Address 2:			
,					Zip:+	
Phone: ()						
Name of Party Responsible	for Plugging Fees:					
State of	County,		, SS.			
	(Drint Mana)		E	mployee of Operator or	Operator on above-described 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