

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

1370409

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 Feet from North / South 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 C		Lease Name: Well #:					
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes N				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 to Top: Bottom: T.D				Plugging Completed:			
Depth to	Top: Botto	om:T.D		333		·	
Show depth and thickness of a	all water, oil and gas form	ations.					
Oil, Gas or Water		Casing Reco	sing Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		-				Is used in introducing it into the hole. If	
Plugging Contractor License #:			Name:				
Address 1:			Address 2:				
City:			Sta	te:		Zip:+	
Phone: ()							
Name of Party Responsible fo	r Plugging Fees:						
State of	County,		, s	S.			
(Print Name)				Em	ployee 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