

**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

1370712

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:			
				SecTwp S. R EastWest Feet from North / South Line of Section			
Address 2:							
City: State: Zip: +			.	Feet from East / West Line of Section			
Contact Person:				Footages Calculated from Nearest Outside Section Corner:  NE NW SE SW			
Phone: ( )							
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:			
Water Supply Well Other: SWD Permit #:				Lease Name: Well #:			
ENHR Permit #: Gas Storage 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) by: (KCC District Agent's Name) Plugging Commenced:			
Producing Formation(s): List All (If needed attach another sheet)							
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to	o Top: Botto	m:T.D		00 0	•		
Show depth and thickness of		ations.					
Oil, Gas or Wate		Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		ed, indicating where the mud same depth placed from (bot				Is used in introducing it into the hole. If	
Plugging Contractor License #:							
Address 1:			Address 2:				
City:				State:		Zip: +	
Phone: ( )							
Name of Party Responsible for	or Plugging Fees:						
State of County,				, SS.			
				Em	ployee of Operator or	Operator on above-described 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.