

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

1372282

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			
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:			
Phone: ()				NE NW SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County:				
Water Supply Well		Lease Name: Well #:					
ENHR Permit #:		Date Well Completed:					
s ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: (Date)			
Producing Formation(s): List	All (If needed attach anoth	er sheet)	by:		(KCC Di :	strict Agent's Name)	
Depth	to Top: Bot	tom: T.D	Plugging	Commenced:			
Depth	""	Plugging Completed:					
Depth	to Top: Bot	tom:T.D		Completed.			
Show depth and thickness o	f all water, oil and gas forr	nations.					
Oil, Gas or Water Records			Casing Record (Surface, Conductor & Produ		luction)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out		
		gged, indicating where the mud of same depth placed from (bot	•		iods used in introducing	g it into the hole. If	
Plugging Contractor License #: Address 1:							
Address 1:			Address 2:				
City:			State:		Zip:	+	
Phone: ()							
Name of Party Responsible	for Plugging Fees:						
	00 0						
State of	County,						

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.

Submitted Electronically

(Print Name)