

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

1373641

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:				SecTwp S. R EastWest Feet from North / South Line of Section		
Address 2:						
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	<i>.</i>		
Water Supply Well	Other:	SWD Permit #:				
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:		
Producing Formation(s): List	All (If needed attach another	r sheet)			(KCC District Agent's Name)	
Depth to	o Top: Botto	om: T.D				
Depth to	o Top: Botto	om: T.D	Plugging Commenced: Plugging Completed:			
Depth to	o Top: Botto	om:T.D	Fluggii	ng Completed		
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Water Records			Casing Record (S	Surface, Conductor & Produc	ction)	
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
zement of other plags were u	seu, state the character of	same depth placed from (bot	itorii), to (top) for e	sauri piug set.		
Plugging Contractor License #:						
Address 1:			Address 2:			
City:					Zip:+	
Phone: ()						
Name of Party Responsible for	or Plugging Fees:					
State of County,			, SS.			
	(Drint Nome)			Employee 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.