

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

1375825

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 #:			I AF	PI No. 15				
OPERATOR: License #:				Spot Description:				
Address 1:					Sec Tv			
Address 2:					Feet from		outh 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 Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: Gas Storage Permit #: If not, is well log attached? Yes No				County: Well #: Date Well Completed: The plugging proposal was approved on: (Date)				
Producing Formation(s): List A								
• ,	•	•					-	
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Commenced:				
Depth to Top: Bottom: T.D				Plugging Completed:				
Show depth and thickness of a	all water, oil and gas forma	tions.						
Oil, Gas or Water Records Casing				Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us		-	•			as usea in introducii	ng it into the noie. Ii	
Plugging Contractor License #:								
Address 1:			Address 2: _					
City:			Sta	ate:		Zip:	+	
Phone: ()								
Name of Party Responsible for	r Plugging Fees:							
State of	County, _		, , s	SS.				
				Emr	oloyee of Operator or	Operator on all	pove-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.

(Print Name)