

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

1376425

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	Гwp 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 Cathoo	dic	County:			
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 No						roved on:	
Producing Formation(s): List /	All (If needed attach anothe	r sheet)				(KCC Distric	
Depth to	o Top: Botto	om: T.D					
Depth to	om: T.D		Plugging Commenced:Plugging Completed:				
Depth to	o Top: Botto	om:T.D		Plugging	Completed		
Show depth and thickness of	all water, oil and gas form	ations.					
Oil, Gas or Water Records			Casing F	sing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
cement or other plugs were u	sed, state the character of	same depth placed from (bo	ottom), to (op) for eac	th plug set.		
Plugging Contractor License #:							
Address 1:			Address	2:			
City:				State:		Zip:	_+
Phone: ()							
Name of Party Responsible fo	or Plugging Fees:						
State of	Countv.			, SS.			
	3,				anloyed of One state = ==	Operator on the sur	doooribe dell
(Print Name)				Em	ripioyee of Operator or	Operator on above-	uescribed 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.