

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

OPERATOR: License #: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

Type of Well: (Check one) [] Oil Well [] Gas Well [] OG [] D&A [] Cathodic

[] Water Supply Well [] Other: _____ [] SWD Permit #: _____

[] ENHR Permit #: _____ [] Gas Storage Permit #: _____

Is ACO-1 filed? [] Yes [] No If not, is well log attached? [] Yes [] No

Producing Formation(s): List All (If needed attach another sheet)

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____

Spot Description: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ [] East [] West

_____ Feet from [] North / [] South Line of Section

_____ Feet from [] East / [] West Line of Section

Footages Calculated from Nearest Outside Section Corner:

[] NE [] NW [] SE [] SW

County: _____

Lease Name: _____ Well #: _____

Date Well Completed: _____

The plugging proposal was approved on: _____ (Date)

by: _____ (KCC District Agent's Name)

Plugging Commenced: _____

Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Table with 6 columns: Oil, Gas or Water Records (Formation, Content) and Casing Record (Surface, Conductor & Production) (Casing, Size, Setting Depth, Pulled Out)

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____

Address 1: _____ Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Phone: (_____) _____

Name of Party Responsible for Plugging Fees: _____

State of _____ County, _____, ss.

_____, ss. [] Employee of Operator or [] Operator on above-described well, (Print Name)

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

Summary of Changes

Lease Name and Number: ALLEN, GLEN N. 3-1

API/Permit #: 15-133-26535-00-01

Doc ID: 1383965

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	01/03/2018	02/01/2018
Date Plugging Commenced	12/28/2017	12/7/2017
Date Plugging Completed	12/28/2017	12/7/2017