KOLAR Document ID: 1453251

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

WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #:			API No.	15		
Name:				Spot Description:		
Address 1:				Sec Twp S. R East West 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 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)				County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name)		
Depth to Top: Bottom: T.D				Plugging Commenced:		
Depth to	m: T.D	I Plugging Completed:				
Depth to	Top: Botto	m:T.D				
Show depth and thickness of a	all water, oil and gas forma	ations.	 			
Oil, Gas or Water Records			Casing Record (St	sing Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size	Setting Depth	Pulled Out	
					+	
Describe in detail the manner cement or other plugs were us		_			ods used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	me:		
Address 1:			Address 2:	dress 2:		
City:			State:			
Phone: ()						
Name of Party Responsible fo	r Plugging Fees:					
State of County,			, ss.			
(Dried Manua)			L	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.