KOLAR Document ID: 1459712

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 West Feet from North / South Line of Section Feet from East / West Line of Section			
Address 2:							
City: State: Zip: +							
Contact Person:				Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County:			
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 #:				Lease Name: Well #:			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				Date Well Completed:			
Producing Formation(s): List All (If needed attach another sheet)				by: (KCC District Agent's Name)			
Depth to Top: Bottom: T.D							
Depth to Top: Bottom: T.D				Plugging Completed:			
Depth to Top: Bottom: T.D							
Show depth and thickness of	all water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing Record	Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Sett	ing Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us		-	•			Is used in introducing it into the hole. If	
Plugging Contractor License #:			Name:	e:			
Address 1: Address							
City:			Stat	e:		Zip:+	
Phone: ()							
Name of Party Responsible fo	r Plugging Fees:						
State of County,			, ss				
				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.