## KOLAR Document ID: 1473115

**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

Address 1:	OPERATOR: License #:	API No. 15
Address 2:	Name:	Spot Description:
Address 2:	Address 1:	Sec Twp S. R East West
Contact Person:		Feet from North / South Line of Section
Phone: ()	City: State: Zip: +	Feet from East / West Line of Section
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Water Supply Well  Other:  SWD Permit #:  Lease Name:  Well #:    ENHR Permit #:  Gas Storage Permit #:  Date Well Completed:  Date Well Completed:    Is ACO-1 filed?  Yes  No  If not, is well log attached?  Yes  No    Producing Formation(s): List All ( <i>If needed attach another sheet</i> )	Phone: ( )	NE NW SE SW
Plugging Completed:	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.	Lease Name:
		Plugging Completed:

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	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.
(Print Name)	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.

## Submitted Electronically