KOLAR Document ID: 1480766

**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 #:  |                            |  | l APIN  | o. 15 -   |   |  |
|---|----------------------------|--|---|---|---|--|
| OPERATOR: License #:  |                            |  |   | API No. 15  Spot Description:   |   |  |
| Address 1:  |                            |  |   |   |   |  |
|   |                            |  |   |   |   |  |
| Contact Person:   |                            |  |   |   |   |  |
| 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)  Depth to Top: Bottom: T.D. |                            |  |   | County: Well #: Date Well Completed: (Date) by: (KCC District Agent's Name) Plugging Commenced: |   |  |
| Depth to Top: Bottom: T.D   |                            |  |   |   |   |  |
| Depth to  | o Top: Bot                 | tom:T.D  |   | ing Completed.  |   |  |
|   |                            |  |   |   |   |  |
| Show depth and thickness of   | all water, oil and gas for | mations.   |   |   |   |  |
| Oil, Gas or Water Records   |                            |  | Casing Record (Surface, Conductor & Production) |   |   |  |
| Formation   | Content                    | Casing   | Size  | Setting Depth   | Pulled Out                                  |  |
|   |                            |  |   |   |   |  |
|   |                            |  |   |   |   |  |
|   |                            |  |   |   |   |  |
|   |                            |  |   |   |   |  |
|   | •                          | gged, indicating where the mu<br>of same depth placed from (bo | •   |   | ds used in introducing it into the hole. If |  |
| Plugging Contractor License #:  |                            |  | _ Name:   | e:  |   |  |
| Address 1: Addr   |                            |  | _ Address 2:                                    |   |   |  |
| City:   | y:                         |  |   |   | Zip:++                                      |  |
| Phone: ( )  |                            |  |   |   |   |  |
| Name of Party Responsible for   | or Plugging Fees:          |  |   |   |   |  |
| State of  | ,                          | , 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.