KOLAR Document ID: 1514369

**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                                                        |                                   |                                             |  |
| Address 2:                                                                                          |                              |         |             | Feet from North / South Line of Section Feet from East / West Line of Section |                                   |                                             |  |
| City:                                                                                               |                              |         |             |                                                                               |                                   |                                             |  |
| 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 #: |                              |         |             | County: Well #:                                                               |                                   |                                             |  |
| ENHR Permit #: Gas Storage Permit #:                                                                |                              |         |             | Date Well Completed:                                                          |                                   |                                             |  |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No                                         |                              |         |             | The plugging proposal was approved on: (Date)                                 |                                   |                                             |  |
| Producing Formation(s): List All (If needed attach another sheet)                                   |                              |         |             | by:(KCC <b>District</b> Agent's Name)  Plugging Commenced:                    |                                   |                                             |  |
| Depth to Top: Bottom: T.D                                                                           |                              |         |             |                                                                               |                                   |                                             |  |
| Depth to Top: Bottom: T.D                                                                           |                              |         |             | Plugging Completed:                                                           |                                   |                                             |  |
| Depth to Top: Bottom: T.D                                                                           |                              |         |             |                                                                               | Completed.                        |                                             |  |
|                                                                                                     |                              |         |             |                                                                               |                                   |                                             |  |
| Show depth and thickness of a                                                                       | all water, oil and gas forma | ations. |             |                                                                               |                                   |                                             |  |
| Oil, Gas or Water Records                                                                           |                              |         | Casing Reco | sing Record (Surface, Conductor & Production)                                 |                                   |                                             |  |
| Formation                                                                                           | Content                      | Casing  | Size        |                                                                               | Setting Depth                     | Pulled Out                                  |  |
|                                                                                                     |                              |         |             |                                                                               |                                   |                                             |  |
|                                                                                                     |                              |         |             |                                                                               |                                   |                                             |  |
|                                                                                                     |                              |         |             |                                                                               |                                   |                                             |  |
|                                                                                                     |                              |         |             |                                                                               |                                   |                                             |  |
|                                                                                                     |                              |         |             |                                                                               |                                   |                                             |  |
|                                                                                                     |                              |         |             |                                                                               |                                   |                                             |  |
| cement or other plugs were us                                                                       |                              | -       |             |                                                                               |                                   | ds used in introducing it into the hole. If |  |
| Plugging Contractor License #: Nan                                                                  |                              |         |             |                                                                               |                                   |                                             |  |
| Address 1: Address                                                                                  |                              |         |             |                                                                               |                                   |                                             |  |
| City:                                                                                               |                              |         | Sta         | ate:                                                                          |                                   | Zip:+                                       |  |
| Phone: ( )                                                                                          |                              |         |             |                                                                               |                                   |                                             |  |
| Name of Party Responsible for Plugging Fees:                                                        |                              |         |             |                                                                               |                                   |                                             |  |
| State of                                                                                            | County, _                    |         | , s         | SS.                                                                           |                                   |                                             |  |
|                                                                                                     |                              | Г       | _           | nployee of Operator or                                                        | Operator on above-described well, |                                             |  |
| (Print Name)                                                                                        |                              |         |             | =[]                                                                           | inproyee or 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.