KOLAR Document ID: 1567538

**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 De	scription:											
Address 1:			.		Sec Tw	p S. R East West										
Address 2:					Feet from											
City:	State:	Zip: +	.		Feet from	East / West Line of Section										
Contact Person:				Footage	s Calculated from Neares	st 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					County: Well #:  Lease Name: Well #:  Date Well Completed: (Date)  The plugging proposal was approved on: (Date)											
										Producing Formation(s): List A	ll (If needed attach another	sheet)				(KCC <b>District</b> Agent's Name)
										Depth to Top: Bottom: T.D					Plugging Commenced:	
Depth to Top: Bottom: T.D				Plugging Completed:												
Depth to	Top: Botto	m:T.D	'	. ragging	g completed.											
Show depth and thickness of a	all water, oil and gas forma	ations.														
Oil, Gas or Water Records			Casing Re	Casing Record (Surface, Conductor & Production)												
Formation	Content	Casing	Size		Setting 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 #:				ə:												
Address 1:			Address 2:	:												
City:			5	State:		Zip:+										
Phone: ( )																
Name of Party Responsible for	r Plugging Fees:															
State of	County, _			, ss.												
	<i>3</i> , –			_	implayed of Onerster -	Operator on obeyed decertibed										
	(Print Name)			E	imployee 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.

## Cement & Acid Report

		Contractor:	
of Job: PA. A	Sec.:	Twp.:	Rng.:
	-		
Quantity	Materials Used:		
6	Portland	Cement	
	<u> </u>		,
			The second secon
	ļ		
ell TD:		Csg Set At:	Volume:
e Hole:		Tbg Set At:	Volume:
ax. Pressure:	220 85:	Pipe Size:	
ug Depth:		Pker Depth:	•
ug Used:		Time Beg:	
		Time End:	
emarks:		Autobiosite distribution di reconscione di refle	
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litnessed By:			
ALC: NO STATE OF THE STATE OF T	Jesse Smith	Name: Antho	